APPRAISING THE PRESUPPOSITIONS OF THE PASTORAL COUNSELOR: SOME APPLICATIONS OF MICHAEL POLANYI'S UNDERSTANDING OF PERSONAL KNOWLEDGE AND PSYCHOANALYTIC INVESTIGATIONS OF COUNTER-TRANSFERENCE TO ISSUES IN PASTORAL COUNSELING

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Cyril C Richardson
Dean of Graduate Studies

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John Edgar Biersdorf
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CHAPTER I

INTRODUCTION

I. THE PURPOSE OF THE THESIS

The purpose of the thesis is to suggest ways to appraise the presuppositions of the pastoral counselor. Michael Polanyi's understanding of personal knowledge and psychoanalytic investigations of counter-transference are used to describe the appraisal of these presuppositions. This description is then applied to two issues in pastoral counseling: the role definition of the pastoral counselor, and the place of values in pastoral counseling.

The thought of Michael Polanyi has been concerned with the personal participation of the knower in all acts of understanding. There are, according to him, presuppositions or fundamental beliefs which guide the investigator in his investigation. These presuppositions, which are the necessary instruments of the investigation, are developed and held not in the focal but in the subsidiary awareness of the investigator. Therefore, according to Polanyi, any effective investigation must be ". . .both an exploration of the topic, and an exegesis of our fundamental beliefs in the light of which we approach it: a dialectical combination of exploration and exegesis."[1] He also calls this exegesis the process of philosophical reflection.

Psychoanalysts have investigated at length the counter-transference reactions and emotional responses of the therapist toward his patient in the treatment situation. While Freud and other early psychoanalysts concentrated on attempting to eliminate destructive counter-transference reactions, later analysts came to emphasize emotional responses of the therapist toward his patient as sources of insight and meaningful contact with the patient and to develop ways of distinguishing between these two kinds of reactions.

Both counter-transference and helpful emotional responses depend, in Polanyi's term on the 'presuppositions' of the analyst's personality structure as it affects his ability to emotionally understand his patient. Therefore, according to Polanyi, the psychotherapist must develop the ability to appraise these presuppositions as well as the presuppositions acquired later in his professional training as he goes about his work in the ". . .dialectical combination of exploration and exegesis."

The presuppositions of the pastoral counselor include his personality structure as it affects his ability to emotionally understand his patient; his beliefs and values; and the knowledge, skills, and identifications acquired in his basic theological education and specialized training as a pastoral counselor.

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[1] Michael Polanyi, Personal Knowledge: Towards a Post-Critical Philosophy (New York: Harper Torchbooks, 1964), p. 117.

The purpose of the thesis is to indicate ways for the pastoral counselor to appraise these presuppositions. This importance is illustrated by two current concerns of pastoral counseling: the role definition of the pastoral counselor, and the place of values in his counseling.

II. THE DEFINITION OF TERMS

As indicated above Michael Polanyi used the word, presuppositions, to refer to the fundamental beliefs and implicit skills which guide the investigator even though he may not be clearly aware of them. Psychoanalytic investigations of counter-transference demonstrate that the presuppositions of the psychotherapist also include his personality structure as it affects his ability to emotionally understand his patient. It was mentioned above that the presuppositions of the pastoral counselor then include his personality structure as it affects his ability to emotionally understand his patient, his beliefs and values, and the knowledge, skills, and identifications acquired in his basic theological education and specialized training as a pastoral counselor.

Counter-transference is a technical term within psychoanalytic thought which has been given many different meanings. For the purposes of the dissertation, it means the manifestations of unresolved neurotic conflicts aroused in the therapist by the patient's responses which are unconscious or hidden in the therapist, but which interfere with the therapist's attention to his patient's problems. A second term, emotional response, or emotional understanding, is then used to indicate the therapist's ability to feel with his patient. This emotional understanding depends, as does the counter-transference reaction, on the presuppositions of the therapist's own personality structure, but in this instance available to him as the basis for emotional insight about and meaningful contact with his patient.

Pastoral counseling is defined by the constitution of the American Association of Pastoral Counselors:

> Pastoral counseling seeks to enhance the tradition of the care of souls by relating the resources of religion and the contributions of medical and behavioral sciences to the needs of persons. . . .[2]

III. THE REASON FOR THE STUDY

The broad reason for the study is the conviction of

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[2] American Association of Pastoral Counselors, Inc., Manual and Directory 1966-68, (n.d.), p. 1.

5 the author that the church dare not stay aloof from the implications to its own life of the findings of contemporary thought. These findings are important discoveries about the world in which the church is to witness to God's creative reality. Within this broad purpose, the dissertation was concerned to apply contemporary thought to the author's own specialized ministry of pastoral counseling. The feelings aroused in the pastoral counselor by his parishioner or client can be a most fruitful source of insight about him. Yet the pastoral counselor, because of his own personality or theological education, may suppress these feelings because they do not correspond to his expectations of how he ought to love his counselee. Even if his theology is more sophisticated and does not lead him to deny these responses, he still needs theoretical ways to understand them and practical ways of refining their usefulness. Polanyi's understanding of personal knowledge, amplified by psychoanalytic investigations of counter-transference seemed to offer significant ways to illumine this concern.

A secondary, but important further reason for the study was to draw specific parallels between Polanyi's thought and psychoanalysis. The concept of personal knowledge seems almost tailor-made as a way of drawing together much of the clinical experience of psychoanalysts. Yet the explicit connections developed in the dissertation have not been made before.

IV. THE METHODOLOGY AND SOURCES OF DATA

This is a theoretical dissertation. The basic method is library research to discover the most significant primary sources in Michael Polanyi, and Freud and later psychoanalysts from which to understand the concepts to apply to pastoral counseling. The material for the chapters on pastoral counseling is drawn from a variety of sources.

Empirical material from the author's own counseling experience is not used to demonstrate the validity of conclusions, but only to illustrate the meaning of the concepts. However, the author's pastoral counseling is what led him in the first place to seek theoretical concepts from Polanyi and psychoanalysis in order to understand and clarify his counseling experience.

V. THE ORGANIZATION OF THE THESIS

Chapter II will propose Michael Polanyi's understanding of personal knowledge as an alternative to the traditional physical scientific divorce of matter and meaning which has created difficulties as a conceptual framework for psychology. Polanyi's thought is proposed as a way of understanding the

7 presuppositions which guide the work of the psychotherapist. The process of acquiring and learning to reflect on these presuppositions is then described.

Chapter III will describe the process by which Freud came to recognize the existence and place of counter-transference in his therapeutic endeavors. The development of Freud's understanding of counter-transference is then summarized.

Chapter IV will recount the recognition of the inevitable presence of counter-transference by psychoanalysts after Freud with resulting confusion in the meaning of the term. It will then relate the most important ways by which psychoanalysts learned to differentiate destructive counter-transference reactions from helpful emotional responses.

Chapter V, using these insights from psychoanalysis, will describe the presuppositions of the psychotherapist; his personality structure as it affects his ability to emotionally understand his patient, and his professional knowledge, skills and identifications as they are brought to bear in the therapy. The place of those presuppositions in psychotherapy will then be summarized in more general terms in considering the place of natural history and ancillary sciences in psychotherapy and in the place of objectivity and love in psychotherapy.

After indicating the precedent for relating secular thought to pastoral theology, Chapter VI will consider two important issues in contemporary pastoral counseling, the role definition of the pastoral counselor and the place of values in his counseling. These issues will be illumined by applying the appraisal of the presuppositions of the psychotherapist to the work of the pastoral counselor along with the appraisal of his beliefs and values which constitute a third important set of presuppositions for the pastoral counselor.

In Chapter VII the process described by Polanyi for acquiring and learning to appraise presuppositions will be applied to the basic theological education of the pastoral counselor. It is in his basic theological education before his specialized training as a counselor that he acquires much of his beliefs and values and professional competence and identification.

Chapter VIII will summarize the conclusions of the dissertation and briefly suggest directions for future work.

CHAPTER II

PERSONAL KNOWLEDGE

> Scientists may learn about the nature of things by finding out what they can do *to* them, but the clinician can learn of the true nature of man only in the attempt to do something *for* and *with* him. "I have focused, therefore, on the way in which clinical evidence is grounded in the study of what is *unique* to the *individual* case--including the psychotherapist's involvement. . . ."[1]

I. INTRODUCTION

As indicated in Chapter I, the thought of Michael Polanyi is concerned with the ". . .personal participation of the knower in all acts of understanding."[2] Thus Polanyi, a philosopher of science, offers an alternative to the divorce of matter and meaning which is one of the traditional assumptions of the modern physical sciences. This chapter will briefly describe that assumption, and then indicate the difficulties of fitting psychology into that same framework. The remainder of the chapter will describe Polanyi's alternative to this assumption of modern physical science, namely, his understanding of how the investigator

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[1] Erik H. Erikson, *Insight and Responsibility* (New York: W. W. Norton and Co., Inc., 1964), p. 80.

[2] Michael Polanyi, *Personal Knowledge: Towards a Post Critical Philosophy* (New York: Harper Torchbooks, 1964), p. xiii.

2 comes to acquire, and later to reflect upon, the presuppositions that guide him in his investigation. Examples are drawn from the field of psychotherapy to indicate the fruitfulness of applying Polanyi's concepts to that discipline.

Traditional Assumptions of the Physical Sciences

In Science and the Modern World, Whitehead described the underlying philosophical assumptions of the modern development of the physical sciences:

> Science started its modern career by taking over ideas derived from the weakest side of the philosophies of Aristotle's successors. . .a fixed scientific cosmology which presupposes the ultimate fact of an irreducible brute matter, or material, spread throughout space in a flux of configurations. In itself such a material is senseless, valueless, purposeless. It just does what it does do, following a fixed routine imposed by external relations which do not spring from the nature of its being.[3]

Whitehead pointed out that while this abstraction of "brute matter" was very efficacious for the early development of physical science, when one goes beyond the scheme to look for integrative meaning, it breaks down. "The narrow efficiency of the theme was the very cause of its supreme methodological success."[4] Collingwood defined the philosophy of the natural sciences as ". . .the denial that the world of nature, the world studied by physical science is an organism, and the assertion that it is devoid both of intelligence and of life."[5] Collingwood contrasted this more modern idea with the philosophy of the Greeks who assume the unity of mind and body, and are puzzled by evidence of disunity between the two.[6] Most recent developments in the physical sciences have subjected these assumptions to radical critique, and suggested cosmologies that need not rest on the principle of brute matter. Collingwood summarized the implications of the most modern views of nature,

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[3] Alfred North Whitehead, Science and the Modern World (New York: Mentor Books, 1955), p. 18.

[4] Ibid., pp. 18-19.

> . . .substance and activity are not two, but one. . .the process of nature is not a merely cyclic or rhythmical change, it is a creative advance; the organism is undergoing or pursuing a process of evolution in which it is constantly taking new forms and producing new forms in itself.[7]

To describe modern developments in philosophies of physical science is outside the bounds of this thesis. The significance of this point is that the radical divorce of matter and meaning, and the assumption of "brute matter" as the fundamental building block of all reality, has proved too restrictive even for modern physical sciences. Stephen Toulmin, another contemporary philosopher of science has agreed that the underlying assumptions of classical physics resulted not only in bare and mechanical theories, but in the ". . . fact that their idea of what it would be to have explained everything was so much smaller than life."[8]

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[5] R. G. Collingwood, The Idea of Nature (Oxford: The Clarendon Press, 1945), p. 5.

[6] Ibid., p. 6.

[7] Ibid., p. 167.

Such a mechanical view of the universe would have little place for any discipline which implies that the personality structure and emotional understanding of the investigator influence the fruitfulness of the investigation. And yet much of psychotherapeutic theory, and psychology generally, has labored in an attempt to fit theory and practice into the framework of this traditional philosophy of physical science. It may be helpful to indicate briefly the difficulty psychology has had in fitting itself into this traditional physical scientific framework as a preparation for suggesting Polanyi's alternate philosophical framework.

Psychology in a physical scientific framework

Many psychologists, including Freud himself, have tried to conceptualize their theories in the traditional philosophies of the physical sciences. The attempt was made, even when the theories did not fit, as in the case of Freud. "Freud was one of the great scientists who in

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[8] Stephen Toulmin, The Philosophy of Science (New York: Harper Torchbooks, 1960), p. 117.

5 practice was committed to esthetic and spiritual values, but in theory asserted a mechanistic concept of nature. The spiritual elements in culture and in psychology he took for granted as an autonomous process impinging upon 'nature'."[9] Much of modern psychology still follows the same basic assumptions. Ernst Nagel, for example, has insisted that explanations in the social sciences ". . .do not differ in kind or method from the so-called 'causal' explanations in the physical sciences with which they are often contrasted."[10]

There is current restiveness with this viewpoint. Many writers believe that continuing to attempt to pattern psychotherapy and psychology after traditional assumptions of the physical sciences restricts the further development of the science. Thomas Szasz, a psychiatrist, has claimed that the total result of this effort has been ". . .a careful study of animals and the pious hope for a science of the human person."[11]

Suzanne Langer, a philosopher, concluded that the problem with psychology is not that it is a new science, but that it uses the philosophical assumptions of natural science.

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[9] Gotthard Booth, "Values in Nature and in Psychotherapy," Reprinted from the Archive of General Psychiatry, Vol. 8, (1963), /copyright by the American Medical Association, 1963/, pp. 22-32.

[10] Maurice Natanson (ed.), Philosophy of the Social Sciences: A Reader (New York: Random House, 1963), p. 191.

[11] Thomas S. Szasz, The Myth of Mental Illness (New York: The Medical Division of Harper & Brothers, 1961), p. 115.

> Psychologists have probably spent almost as much time and type, avowing their empiricism, their factual premises, their experimental techniques, as recording experiments and making general inductions. They still tell us that their lack of laws and calculable results is due to the fact that psychology is young. When physics was as old as psychology is now, it was a definite, systematic body of highly general facts, and the possibilities of its future expansion were clearly visible in every line of its natural progress. . . .That signifies that the generative idea which gave rise to physics and chemistry and all their progeny--technology, medicine, biology--does not contain any vivifying concept for the humanistic sciences.[12]

William Barrett, another philosopher, has remarked that physics, by virtue of its advances, has almost established itself as the model for all disciplines, but perhaps its very dominance retards the development of other models of thought more suited for the social sciences.[13]

Several authors insist that the variables are so complex in psychological science that the experimental rigor and certainty of conclusion possible in the physical sciences are not applicable in psychology. Workers in the area of projective psychological tests particularly insist that,

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[12] Suzanne Langer, Philosophy in a New Key--A Study in the Symbolism of Reason, Rite and Art (Cambridge, Massachusetts: Harvard University Press, 1960), pp. 25, 32.

[13] William Barrett and Henry D. Aiken (ed.), Philosophy in the Twentieth Century--An Anthology (New York: Random House, 1962), III, pp. 20-21.

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> . . .the profession of psychology is much like living, which has been defined by Samuel Butler as the "art of drawing sufficient conclusions from insufficient premises." Sufficient premises are not to be found, and he who lacking them, will not draw tentative conclusions, cannot advance.[14]

Klopfer, in *Developments in the Rorschach Technique*, suggested that one of the reasons for the many competing schools and systems in psychology is that: "Some command respect because of their rigor, some because of their vigor; and at times it seems that formal elegance varies inversely with explanatory and predictive power."[15] Philip Rieff concluded,

> For the passions with which Freud concerned himself display such elusive modulations and reversals, express themselves so ingeniously and are at the same time (this is in no way contradictory) so gross, so morally fraught, so unwieldy that experimental science cannot encompass them.[16]

II. AN ALTERNATE FRAMEWORK FOR UNDERSTANDING THE PRESUPPOSITIONS OF THE PSYCHOTHERAPIST

Whitehead, after pointing to the advances made by modern natural science, has suggested, by the historical analogy of Hellenism and scholasticism, that the very efficacy of modern science may have led to rigidities which prevent further advances.

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[14] Emanuel F. Hammer, *The Clinical Application of Projective Drawings* (Springfield, Illinois: Charles C. Thomas, 1958), p. 83.

[15] Bruno Klopfer, *et. al.*, *Developments in the Rorschach Technique* (New York: Harcourt, Brace and World, Inc., 1954), p. 505. Cf. Zygmunt Piotrowski, *Perceptanalysis* (New York: Macmillan Company, 1957), p. 23.

[16] Philip Rieff, *Freud: The Mind of the Moralist* (Garden City, New York: Doubleday and Company, Inc., 1961), p. 20.

> But modern scholarship and modern science reproduce the same limitations as dominated the bygone Hellenistic epoch, and the bygone Scholastic epoch. They canalize thought and observation within predetermined limits, based upon inadequate metaphysical assumptions dogmatically assumed.[17]

The inappropriateness of traditional assumptions of the natural scientific method as a basis for psychotherapy does not merely consist in the greater elusiveness and complexity of the nature of the human psyche. Much more importantly, it consists in the fact that the psyche which is observed is also the psyche which observes. We are, therefore, personally involved when we study ourselves in a way we are not when we study the stars. To the extent that a psychology based upon natural science insists that this is not a problem, that there is no methodological differance between studying ourselves and studying the stars, then, ironically, such a psychology is no longer scientific. Stephen Toulmin defined scientific procedure in this way: "It is not Nature that is Uniform, but scientific procedure; and it is uniform only in

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[17] Alfred North Whitehead, Adventures of Ideas (New York: Mentor Books, 1962), p. 122.

9 this, that it is methodical and self-correcting."[18] Self-correcting in the psychotherapeutic context must mean correcting for the ways in which the results of the observation depend upon the person of the observer. To persist in ignoring this problem is to be unscientific, i.e., not self-correcting. It is to be in the position referred to by a contemporary philosopher, Louis Armstrong: "There is some people who, if they don't know, you can't tell them."[19] Merleau-Ponty remarked on the self-deceit of the scientist who believes that the social world can be studied in the same way as the physical world, who therefore wishes to

> . . .pretend to face the social world as if it were alien to him, as if his study were not indebted to the experience he has as a social subject. . .(who refuses to recognize) that we can expand our experience of social relationships and form the idea of social relationships that hold true only by analogy or by contrast to those we ourselves have experienced, in a word, by an imaginative variation of the latter with regard to which they will doubtlessly receive a new significance.[20]

The effort to find adequate philosophical assumptions for psychotherapy is greatly helped by the thought of Michael Polanyi. Polanyi is a natural scientist and philosopher who has reflected deeply on the ". . .personal participation of

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[18] Toulmin, *op. cit.*, p. 148.

[19] Natanson, *op. cit.*, p. x.

[20] *Ibid.*, p. 489.

10 the knower in all acts of understanding."[21] He attempted to understand how this personal participation could, however, be a means to objective truth. He sharply rejected the ideal of scientific detachment, and believed that while it may be harmless, because disregarded in physical science, "it exercises a destructive influence in biology, psychology and sociology, and falsifies our whole outlook beyond the domain of science."[22] While his discussion was built from a background in the natural sciences, the problems he discussed in building his concept of personal knowledge have remarkable applications to psychotherapy.

Polanyi began with a general exhortation to the scientist to take personal responsibility for his knowledge:

> Innocently, we had trusted that we could be relieved of all personal responsibility for our beliefs by objective criteria of validity--and our own critical powers have shattered this hope. Struck by our sudden nakedness, we may try to brazen it out by flaunting it in a profession of nihilism. But modern man's immorality is unstable. Presently his moral passions reassert themselves in objectivist disguise and the scientific Minotaur is born.[23]

Polanyi pointed to some of the ways in which the scientist is personally involved in his scientific discoveries. His discoveries are at least partially shaped by his scientific "commitments," i.e., the only partly conscious skills and

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[21] Polanyi, op. cit., p. xiii.

[22] Ibid.

[23] Ibid., p. 268.

11 personal preferences by which he necessarily influences even the most abstract scientific discoveries. For example, Polanyi noted the often unconscious aesthetic preferences for elegance which bias the choice of scientific theories. Cultural philosophic ideals such as the rationality of nature are covered up by euphemisms such as 'simplicity', and these preferences influence the choice of scientific theory.[24] An example of aesthetic preferences determining the choice of scientific theory is the general scientific and lay commitment to ideas about the evolution of species:

> Neo-Darwinism is firmly accredited and highly regarded by science, though there is little direct evidence for it, because it beautifully fits into a mechanistic system of the universe and bears on a subject, the origin of man--which is of the utmost intrinsic interest.[25]

Therefore, according to Polanyi, the statement of a scientific theory logically should contain two parts: the statement of the theory, and a logical sign denoting the 'asservation' to it--the commitment on the part of the scientist to the statement.[26] The statement of the theory is neither true nor untrue in itself; to say that the statement is 'true' is to assert it. This division of a scientific theory into two parts is confirmed by Toulmin.

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[24] *Ibid.*, p. 16.

[25] *Ibid.*, p. 136.

[26] *Ibid.*, p. 254.

Although in his discussion Toulmin did not mention the personal responsibility of the scientist for his theory, he agreed that statements of a scientific law must be ". . .separated from statements about the scope and application of the law."[25] He stated that when discussing a scientific law, the appropriate question to ask is not, "Is it true?" but, "When does it hold?"[26] Toulmin's position would seem similar to Polanyi's insistence on the inclusion of the scientist's commitment in the full statement of his theory. The radical difference between the two is that Toulmin believed that the question, "When does it hold?" does not involve the personal responsibility of the physicist for his theory. Martin Heidegger similarly has criticized the scientist's fear of subjectivity. "It is precisely the empiricist's desire to avoid risk that makes him unable to validate any knowledge, his own included. He will not step in and assent to it."[27]

Polanyi, as indicated above, would hold to the personal participation of the knower in all acts of understanding. Therefore, the physical scientist, as well as the psychotherapist or pastoral counselor, is personally involved in his efforts to seek objective truth, and ought to take personal responsibility for the truth he asserts. Neglecting to do so may be less harmful in the natural sciences than in the social sciences, but there is no less obligation to take this responsibility for the sake of truth.

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[25] Toulmin, op. cit., p. 79. [26] Ibid.

[27] Marjorie Greene, Martin Heidegger (London: Boew and Bowes, 1957), p. 51.

Polanyi developed in explicit terms what it means for the scientific investigator to take responsibility for the implicit commitments which influence the results of his investigation. Following is a modification of the process Polanyi suggested for the scientific investigator to assume responsibility for these implicit commitments. Polanyi's description has been modified especially to fit psychotherapy, and illustrations of the process have been drawn from that discipline; but it ought to be kept in mind that Polanyi meant this process to apply with appropriate modification to all investigators of truth. The following description provides a framework for applying the results of psychoanalytic investigations of the emotional responses of the therapist toward his patient to issues in pastoral counseling.

Submission to Tradition

Polanyi spoke of trust in authority as a necessary prerequisite for learning a new field of knowledge.

> This assimilation of great systems of articulate lore by novices of various grades is made possible only by a

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> previous act of affiliation by which the novice accepts apprenticeship to a community which cultivates this lore, appreciates its values and strives to act by its standards.[28]

The authority of tradition alone can communicate the vast amounts of knowledge that are necessary to master a new discipline. An act of allegiance to this authority is ". . .like an act of heuristic conjecture--a passionate pouring of oneself into untried forms of existence."[29] The confidence and trust in authority enables the learner to "pour" himself into new experiences guided by this authority, and to assimilate the vast quantity of explicit and implicit information, maxims, and ways of doing things that are necessary to know in order to become competent in the new field. The apprentice must do this on faith because he does not yet have the competence to evaluate his own efforts and therefore must depend upon the judgment of his supervisors. He ". . .must believe before he can know," according to Polanyi.[30] This process of assimilation changes the learner, yet he undergoes it by faith, since as apprentice, he is not yet equipped to be self-critical. As Polanyi stated, "These self-modifying processes are inherently informal, irreversible and to this extent

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[28] Polanyi, *op. cit.*, p. 2.

[29] *Ibid.*, p. 208.

[30] *Ibid.*

15 a-critical."[31] Toulmin has offered some confirmation here in pointing out that the natural scientist must make his observations in reference to the history of past theories in the discipline.[32] Therefore, the novice must first accomplish an extensive apprenticeship in order to know what problems are current and how to deal with them, because the current problems depend upon taking the solutions to previous problems for granted.[33]

Apprenticeship is also necessary because any scientific discipline can only make logically articulate part of its lore. Even the physicist, for example, essentially depends in his work upon a trained imagination which cannot be developed by reading a text book on logic. In this sense, even physics is an art, learned by personal contact and apprenticeship to other physicists. Toulmin has remarked about physics, "It may be an art, but it is one whose exercise requires a stiff training."[34] The apprentice must learn by participating in a previously existing context of tradition how his teachers have done things in the past. This participation is analogous to Common Law, which is founded on precedent--how things have been done in the past--and not upon a

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[31] _Ibid_.

[32] Toulmin, _op_. _cit_., p. 46.

[33] _Ibid_., p. 81.

[34] _Ibid_., p. 43.

16 written set of principles. "This procedure recognizes the principle of all traditionalism that practical wisdom is more truly embodied in action than expressed in rules of action."[35]

Acquiring only Partially Articulable Skills

Physics and psychotherapy are arts which depend upon participating in practical action, only part of which can be logically articulated.

Polanyi stated,

> We may in general say that by acquiring a skill, whether muscular or intellectual, we achieve an understanding which we cannot put into words and which is continuous with the inarticulate feelings of animals.[36]

This inarticulate understanding is elucidated by Polanyi as the difference between focal and subsidiary awareness. He has distinguished these two types of awareness by the example of driving a nail with a hammer. When using a hammer to drive a nail, one has a focal awareness of driving the nail, which is merged with the subsidiary awareness of the hammer in one's hand.[37] The subsidiary awareness includes the feel of the

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[35] Polanyi, op. cit., p. 54. This acceptance of authority is later accompanied by reflection upon the validity of this authority, and the assumption of some measure of personal responsibility for what one does. "Every acceptance of authority is qualified by some measure of reaction to it or even against it." (Ibid., p. 208.) This assumption of responsibility will be considered under step 3.

[36] Ibid., p. 90.

[37] Ibid., p. 55.

17 hammer in the hand, and the whole chain of semi-conscious kinesthetic sensations of the muscular movements. With this distinction in mind, let us look at Polanyi's summary of the knowing process:

> I regard knowing as an active comprehension of the things known, an action that requires skill. Skillful knowing and doing is performed by subordinating a set of particulars, as clues or tools, to the shaping of a skillful achievement, whether practical or theoretical. We may then be said to become 'subsidiarily aware' of these particulars within our 'focal awareness' of the coherent entity that we achieve. Clues and tools are things used as such and not observed in themselves. They are made to function as extensions of our bodily equipment and this involves a certain change in our own being. Acts of comprehension are to this extent irreversible, and also non-critical.[38]

These "clues or tools," which also may include "beliefs," are of a very complex nature in such a discipline as physics or psychotherapy.

> Tacit assent and intellectual passions, the sharing of an idiom and of a cultural heritage, affiliation to a like-minded community: such are the impulses which shape our vision of the nature of things on which we rely for the mastery of things. No intelligence, however critical or original, can operate outside such a fiduciary framework.[39]

To recognize that beliefs are an indispensable aspect of the subsidiary awareness of our knowing does not imply that our understanding is subjective.

> Comprehension is neither an arbitrary act nor a passive experience, but a responsible act claiming

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[38] Ibid., p. xiii.

[39] Ibid., p. 266.

> universal validity. Such knowing is indeed objective in the sense of establishing contact with a hidden reality; a contact that is defined as the condition for anticipating an indeterminate range of yet unknown (and perhaps yet inconceivable) true implications.[40]

Polanyi terms this fusion of subjectivity and objectivity personal knowledge.[41]

Another way to describe the process of acquiring a skill is to say that it is an emotional as well as an intellectual matter. Federn wrote from a psychoanalytic viewpoint, "In the face of new ideas, there is no comprehension without empathy."[42]

Appraising One's Own Presuppositions

After the skill is learned by submission to the authority of tradition, personal participation, apprenticeship, and emotional comprehension, the investigator must reflect upon the presuppositions he has adopted in order to understand and take personal responsibility for them. Polanyi remarked,

> The curious thing is that we have no clear knowledge of what our presuppositions are and when we try to formulate them they appear quite unconvincing. . . .When we accept a certain set of presuppositions and use them as our interpretive framework, we may be said to dwell in

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[40] *Ibid.*, pp. xiii-xiv.

[41] *Ibid.*, p. xiv.

[42] Paul Federn, *Ego Psychology and the Psychoses*, Edoardo Weiss (ed.) (New York: Basic Books, 1952), p. 322; cf. L. L. Whyte, quoted in Alan W. Watts, *Psychotherapy East and West* (New York: Mentor Books, 1961), p. 81.

> them as we do in our own body. . .as they are themselves our ultimate framework they are essentially inarticulate.[43]

The reason for this, in Polanyi's terminology, is that "subsidiary awareness and focal awareness are mutually exclusive."[44] We cannot at the same time perform a task and reflect on the details of our performance. Polanyi pointed out that shifting one's attention from playing a sonata on the piano to noticing how one's fingers are moving may make it impossible to continue the sonata.[45] However, at some point in the learning and knowing process, we must reflect on our commitments because "every act of personal assimilation by which we make a thing form an extension of ourselves through our subsidiary awareness of it, is a commitment of ourselves, a matter of disposing of ourselves."[46]

It is essential to investigate our subsidiary awareness in order to develop a "sense of fitness," between our statements, and the reality to which they refer. In this way we develop the capacity for appraising our own articulations.[47] It has been pointed out above that the tools the apprentice develops under the guidance of his authority become in large measure inarticulate and only semi-conscious aspects of his subsidiary awareness as he focally attends to his work. But they are nevertheless presuppositions, ways of disposing himself vis-a-vis his work. It was emphasized that these presuppositions are acquired in the apprenticeship largely informally, and a-critically, since the learner has as yet no adequate previous presuppositions by which to evaluate the new ones he must learn on faith. As the logically, although not chronologically final step in his apprenticeship, the learner must attempt to articulate the implicit presuppositions he has learned in order to take personal responsibility for the ways in which he judges the adequacy of his own conclusions. It is not easy to do this. As Polanyi stated, ". . .we have no clear knowledge of what our presuppositions are and when we try to formulate them they appear quite unconvincing. . . ."[48] Although Polanyi held that the process can never attain its goal of complete articulation, progress can be made in what he called this process of philosophic reflection, which ". . .consists in bringing to light, and affirming as my own, the beliefs implied in such of my thoughts and practices as I believe to be valid; that I must aim at discovering what I truly believe in and at formulating the convictions which I find myself holding."[49]

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[43] Polanyi, _op_. _cit_., pp. 59-60. [44] _Ibid_., p. 56.

[45] _Ibid_. [46] _Ibid_., p. 61.

[47] _Ibid_., p. 91.

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[48] _Ibid_., p. 59.

[49] _Ibid_., p. 267.

21 For the learner in a new field this process of philosophic reflection comes only after familiarity with a discipline. We start first with facts, and then reflect on the way we have gone about noticing and correlating these facts.

> The logical premises of factuality are not known to us or believed by us *before* we start establishing facts, but are recognized on the contrary *by reflecting on the way we establish* facts. Our acceptance of facts which make sense of the clues offered by experience to our eyes and ears must be presupposed first, and the premises underlying this process of making sense must be deduced from this afterwards.[50]

The apprentice only comes later to the process of philosophic reflection. But for the mature investigator, it constitutes a continuing necessity, and an integral aspect of any investigation: ". . .the process of examining any topic is both an exploration of the topic, and an exegesis of our fundamental beliefs in the light of which we approach it; a dialectical combination of exploration and exegesis."[51] Collingwood has offered confirmation of this principle by pointing out that the same process is necessary to any discipline, such as natural science, economics and morals, or law in which

> . . .people begin with details. They begin by tackling individual problems as they arise. Only when this detail

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[50] *Ibid*., p. 162.

[51] *Ibid*., p. 267.

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> has accumulated to a considerable amount do they reflect upon the work they have been doing and discover that they have been doing it in a methodical way, according to principles of which hitherto they have not been conscious.[52]

It is also important to recognize that the investigator is always in possession of some presuppositions, even when, as apprentice he enters a new field, and most certainly after he has accomplished his apprenticeship. Therefore, the dialectic of exploration and exegesis is always necessary, because he can never come with the tabula rasa of perfect detachment and objectivity to the search for new facts. This truth, however, is resisted in western philosophy and science by a long tradition of the possibility of universal doubt, or complete objectivity by which the investigator fantasies a place with the gods instead of accepting his ambiguous and inarticulate personal involvement with the search for truth. Polanyi has a programme ". . .to restore to us once more the power for the deliberate holding of unproven beliefs;"[53] that by virtue of our very critical powers we dare to realize how uncritical are the beliefs on which these powers rest, and respond not by flights to fantasies of perfect objectivity, but by the courageous exploration and assertion of those very unproven beliefs. Polanyi remarked, "The personal participation of the knower in the knowledge he believes himself to possess takes place within a flow of passion." His presuppositions are not arbitrary and casual choices, they are the deepest tendencies of his personality as expressed in a specific discipline. Therefore the search for knowledge which might seem to be a detached and indifferent endeavor takes place within "a flow of passion." It is not only the psychotherapist, then, whose basic personality is intimately involved in his work. For although the connection might seem less obvious, the scientific investigator also personally participates in his work because of basic emotional drives and trends. This fact clarifies the way in which the search for knowledge is more than subjective in Polanyi's thought. "On such grounds as these, I think we may distinguish between the personal in us, which actively enters into our commitments, and our subjective states, in which we merely endure our feelings."[54] The personal participation of the knower involves the commitment to standards and realities beyond and independent of his own existence; therefore it is more than subjective. But since it involves the personal passions of the knower, it is not simply objective, as that term is traditionally understood.

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[52] Collingwood, op. cit., p. 1.

[53] Polanyi, op. cit., p. 268.

> In so far as the personal submits to requirements acknowledged as independent of itself, it is not

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[54] *Ibid.*, p. 300.

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> subjective; but in so far as it is an action guided by individual passions, it is not objective either. It transcends the disjunction between subjective and objective.[55]

Reducing to Scientific Statements

The process of philosophic reflection constitutes one pole of the rhythm of exegesis and exploration that constitutes the search for knowledge. At what point does psychotherapy as a method of knowing issue in general scientific statements? Robert C. Murphy, Jr., a psychiatrist, has dealt with this question. He has posited that the spontaneous interaction of therapist and patient, and the reflection on this interaction for the purpose of making scientific statements, are two temporal perspectives on the same purpose.

> The therapist, while he is actually engaged in his work, is and must be a law unto himself. This is because he is at every moment, meeting a situation which has never previously been duplicated: an issue in the interpersonal strivings of two unique individuals. But the moment each new experience is past, it must be made an integral part of him. It must fit in with his previous understanding. It must also be able to make sense when compared with the communications of other therapists. The therapist must know that his work, no matter how 'intuitive' is nevertheless bound firmly to natural law governing the causal chain of mental processes.[56]

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[55] _Ibid_.

[56] Robert C. Murphy, "Psychotherapy Based on Human Longing," _Pendle Hill Pamphlet 111_ (Lebanon, Pennsylvania: Sowers Printing Co., 1952), p. 8.

He compared psychotherapy to playing tennis. Playing the game itself is a spontaneous action and one attends only to playing the game as completely as possible.[57] After the game is over the player may give a 'reason' why a certain play is made in a certain way. "Here the 'reason' given is accurate, and *no mistake is made unless the player thinks his capacity for reasoning was also originally responsible for his decision*. Of course it wasn't."[58] Psychotherapeutic research may appropriately issue in scientific statements. It is only an error to believe that those statements were originally responsible for the therapeutic interaction. "Reason then refines and makes explicit that which the unconscious apprehends."[59]

During each moment of interaction, using Polanyi's distinction between focal and subsidiary awareness, the therapist is focally aware of his patient and of the relationship, but only subsidiarily aware of his theoretical knowledge, psychotherapeutic training and skills, and personality structure as it affects his ability to emotionally understand his patient. Polanyi stated: "While focal awareness is necessarily conscious, subsidiary awareness may vary over all degrees of consciousness."[60]

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[57] *Ibid.*, p. 7.

[58] *Ibid.*

[59] *Ibid.*, p. 8.

> In effect, to the extent to which our intelligence falls short of the ideal of precise formalization, we act and see by the light of unspecifiable knowledge and must acknowledge that we accept the verdict of our personal appraisal, be it at first hand by relying on our own judgment, or at second hand by submitting to the authority of a personal example as carrier of a tradition.[61]

But after the moment of spontaneous reaction, the psychotherapist reflects upon what he has done, as Murphy pointed out, in order that it be ". . .made an integral part of him" fitting in with his own previous understanding, and making sense, ". . .when compared with the communications of other therapists." This rhythm between focal and subsidiary awareness is an extremely subtle one. Being unwilling to attempt to understand why he responds as he does disrupts the rhythm at the pole of focal awareness. The therapist in this situation has not developed the ability to reflect upon his presuppositions. He acts them out instead of understanding them. At the other pole, a specious "objectivity" may result from the analyst's being too preoccupied with what ought to be the subsidiary awareness of his theoretical commitments that he shuns any emotional closeness with his patient. In this situation he has forsaken the possibility of knowing his patient emotionally

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[60] Polanyi, _op_. _cit_., p. 92.

[61] _Ibid_., p. 53.

27 by focal awareness of him. It is the rhythm, then, between knowing and appraisal of our knowing, between focal and subsidiary awareness, between objectivity and subjectivity, that constitutes the path to knowledge.

> At all these points the act of knowing includes an appraisal; and this personal coefficient, which shapes all factual knowledge, bridges in doing so the disjunction between subjectivity and objectivity. It implies the claim that man can transcend his own subjectivity by striving passionately to fulfill his personal obligations to universal standards.[62]

As indicated above, Polanyi summarized: ". . .the process of examining any topic is both an exploration of the topic, and an example of our fundamental beliefs in the light of which we approach it; a dialectical combination of exploration and exegesis."[63]

At this point of appraisal in psychotherapy a distinction occurs, depending upon which use is to be made of the insight resulting from the reflection. It may be that the therapist intends to generalize his insight into a scientific statement which may be tested by any number of approved scientific means. In this case, the reflection has resulted in a hypothesis to be tested, that is, no longer a way of knowing this patient more closely, but instead a general statement about patients, i.e., patients at this point in therapy, patients with this type of character structure, patients in this type of room, or any number of possible general statements. At this point, the therapist qua scientist resorts to some type of experimental procedure in order to substantiate his hypothesis to add it to general knowledge. This increase in general knowledge is essential for psychology and psychiatry, and it can also be applied in many ways outside of the psychotherapeutic session as well as within it. But the value of science is that it operates by a kind of force. It establishes truth, and its proofs have an authority beyond personal decision; or rather, its proofs are a way of compelling personal decision. As Abraham Maslow stated, "science is the only way we have of shoving truth down the reluctant throat. Only science can overcome the characterological differences in seeing and believing. Only science can progress."[64] Maslow may be interpreted here to mean that only science can progress by compelling personal decision to assent to truth by other than authoritarian means.

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[62] Ibid., p. 17.

[63] Ibid., p. 267.

But the therapist may wish to use the insights resulting from this reflection, not for the purpose of formulating scientific hypotheses, but for the purpose of knowing his patient better. He may wish to allow his insight to be another step in the series of reverberations to be described in a later chapter, in which the therapist and patient by free decision decide to permit themselves to know each other in the process of being known. In this case, truth is not to be established by manipulative procedures, for therapy does not consist of forcing truth down a reluctant throat. It functions by the power of persuasion. Murphy reminded the therapist that, "He does not have to 'do' anything to make the patient well."[65] "He has no power to 'cure' the patient, for cure is entirely out of his hands. He can add nothing to the patient's inherent capacity to get well, and whenever he tries to do so he meets stubborn resistance which slows up the progress of treatment."[66] Whitehead expressed this difference in philosophical terms in noting that exchanges between individuals and groups take place on the basis of either force or persuasion.[67] Faced with one of these alternatives, persuasion is the alternative of civilization for the basis of interpersonal relationships.

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[64] Abraham H. Maslow, Toward a Psychology of Being (Princeton, New Jersey: D. Van Nostrand Co., Inc., 1962), p. v.

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[65] Murphy, *op. cit.*, p. 4.

[66] *Ibid.*, p. 3.

[67] Whitehead, *Adventures of Ideas*, p. 90.

> The creation of the world, said Plato, is the victory of persuasion over force. The worth of men consists in their liability to persuasion. They can persuade and can be persuaded by the disclosure of alternatives, the better and the worse. Civilization is the maintenance of social order, by its own inherent persuasiveness as embodying the nobler alternative. The recourse to force, however unavoidable, is a disclosure of the failure of civilization, either in the general society or in a remnant of individuals.[68]

The force of scientific method is certainly far more subtle than the ". . .war, slavery, and governmental compulsion"[69] which Whitehead had in mind in proposing the above alternatives. Yet there is still a distinction between the free decision of the patient to let himself become known, and the manipulative establishment of scientific laws. The psychotherapist ought to relate to his client by persuasion rather than by force, even the force of natural science.

This section has described the process by which the investigator comes to take responsibility for the presuppositions or commitments which guide his investigation: by submitting to the tradition of a discipline, by acquiring skills which are only partially articulable, by learning to appraise the presuppositions of the skills and knowledge he has learned in order to judge the adequacy of his conclusions, and finally, for the psychotherapist at least, of deciding

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[68] Ibid.

[69] Ibid.

31 whether the appraisal of his presuppositions is for the purpose of formulating scientific hypotheses, or for the purpose of knowing his patient better.

CHAPTER III

COUNTER-TRANSFERENCE IN FREUD'S THOUGHT

> Humanity has in the course of time had to endure from the hands of science two great outrages upon its self-love. The first was when it realized that our earth was not the center of the universe but only a tiny speck in a world-system of a magnitude hardly conceivable. . . . The second was when biological research robbed man of his peculiar privilege of having been especially created, and relegated him to a descent from the animal world, implying an ineradicable animal nature in him. . . . But man's craving for grandiosity is now suffering a third and most bitter blow from present-day psychological research which is endeavoring to prove to the "ego" of each one of us that he is not the master in his own house, but that he must remain content with the veriest scraps of information about what is going on unconsciously in his own mind. We psychoanalysts were neither the first nor the only ones to propose to mankind that they should look inward; but it appears to be our lot to advocate it most insistently and to support it by empirical evidence which touches every man closely.[1]

The results of psychoanalytic investigations of the emotional responses of the psychoanalyst toward his patient can add significant content to Polanyi's description of how the investigator takes responsibility for the presuppositions which guide his investigation. This chapter will summarize the methods Sigmund Freud, the founder of psychoanalysis, developed to investigate and relieve the neurotic symptoms of his patient: ways of dealing with the resistance of the patient to remembering the painful experiences that were symbolically re-enacted in the neurotic symptom, and ways of dealing with the tendency of the patient to act out her conflicts in relation to the person of the therapist instead of remembering them. Finally, Freud came to discover the counter-transference--the fact that there may be resistances in the therapist himself toward emotionally understanding his patient. Indeed, the therapist himself, in response to the manifest conflicts of his patient, may act out his own conflicts toward his patient instead of attending to his patient's needs.

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[1] Sigmund Freud, A General Introduction to Psychoanalysis, Joan Riviere (trans.) (New York: Washington Square Press, Inc., 1962), p. 280.

I. THE RESISTANCE

As is well known, the epoch-making conclusion of Freud's early psychoanalytic investigations of hysteria[2] was

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[2] Silvano Arieti (ed.), American Handbook of Psychiatry (New York: Basic Books, Inc., 1959), I, p. 272.

The word "hysteria" means "wandering of the uterus" and was used by the Greeks at the time of Pericles, who recognized the relation of the disorder to sexual disturbances. Plato wrote in the *Timaeus* that the "womb of women. . . when remaining unfruitful long beyond its proper time, gets discontented and angry, and wandering in every direction through the body, closes up the passages of the breath, and by obstructing respiration, drives them to extremity, causing all varieties of disease." This insight of the Greeks connecting hysteria to sexual disturbance was well repressed by the 19th century, and medical opinion in Freud's day was well agreed that hysteria was an organic disease, caused by nerve lesions in the brain. The symptoms of conversion hysteria are often dramatic, including paralysis, motor spasms

3 that ". . .the etiology of hysteria is to be sought in the sexual life,"[3] namely, the repressed memories of sexual experiences or wishes which were symbolically re-enacted in the hysterical symptom. His psychoanalytic method for the relief of hysteria involved bringing these defended against memories to the consciousness of the patient against the resistance of the patient. "Anna O." found that her symptoms disappeared if she thoroughly discussed their history.[4] In Studies in Hysteria Freud described the "talking cure":

> The individual hysterical symptoms immediately disappeared without returning if we succeeded in thoroughly awakening the memories of the causal process with its accompanying affect, and if the patient circumstantially discussed the process in the most detailed manner and gave verbal expression to the affect.[5]

The patient, however, resists bringing to consciousness the knowledge that will ultimately relieve his symptom. In fact, the symptom itself is a "defense" against remembering. Why is this knowledge so difficult to remember?

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or convulsions, disturbances in sensation, deafness, dumbness and blindness. (Ibid., pp. 272, 273.)

[3] Sigmund Freud, "The Aetiology of Hysteria," Collected Papers, ed. Ernest Jones (New York: Basic Books, Inc., 1959), I, 193.

[4] "Anna O." herself called this process the "talking cure," or "chimney sweeping." (Ibid., I, 223, 224.)

[5] Joseph Breuer and Sigmund Freud, Studies in Hysteria, trans. A. A. Brill (Boston: Beacon Press, 1937), p. 3.

4 Because the original ideas which resulted in the symptom as an alternative to conscious memory

> . . .were altogether of a painful nature adapted to provoke the affects of shame, or reproach, or psychic pain, or the feeling of injury. . . .From all these there resulted the thought of defense, as if spontaneously.[6]

The patient, then, "resisted" remembering.

Methods of Overcoming Resistance

Therefore, this "resistance" itself was the obstacle which must be overcome for the relief of the individual symptoms. Freud developed different methods of overcoming this resistance in order to uncover the painful or unpleasant truth. Before his theories developed, he attempted to remove the symptoms directly by rest, baths, and passing electric rods over the patient in accordance with the current state of medical art.[7] Next, he suggested under hypnosis that the patient simply give up the symptoms. However, the monotony of repeating these suggestions soon began to bore Freud. He later expressed his dissatisfaction. "Neither the doctor nor the patient can tolerate indefinitely the contradiction between the decisive denial of the disorder in

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[6] Ibid., p. 201.

[7] Ernest Jones, The Life and Work of Sigmund Freud (New York: Basic Books, Inc., 1962), I, 234, 235.

5 suggestion and the necessary recognition of it away from suggestion."[8] He also discovered that under hypnotic suggestions the patient might do away with the symptoms in order to please the physician, but the symptoms would return when the relationship was ended.[9] Since it was also true that some patients could not be hypnotized, he cast about for an alternative method of carrying out Breuer's cathartic method or talking-cure. It was at this time that he elaborated a method which he called the concentration technique, based upon the assumption that the patient could remember the hidden memories even if she were unable to be hypnotized. In this method the patient was directed to concentrate on her symptom and recall a memory connected with it. If no memory came, Freud would press her forehead with his hand and tell her that a thought would now come to her.[10] While the patient usually would come out with a forbidden memory, Freud fairly soon discarded this technique on the grounds that "the pressure procedure is nothing but a trick serving to surprise for awhile the defensive ego."[11] Jones records the historic occasion when the patient with whom

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[8] _Ibid_., p. 239. [9] _Ibid_., p. 240. [10] _Ibid_., p. 243.

[11] Breuer and Freud, _op. cit_., p. 209.

6 Freud developed the concentration technique "reproved him from interrupting her full thought by his questions."[12] He took her hint and made another step towards the decisive method of "free association." Becoming more and more confident that none of the associations of the patient during the hour were accidental, and depending upon the principles of causality and determinism from the Helmholtz school of medicine, Freud decided that everything which came to the mind of the patient during the hour was inextricably linked in some way to the cause of the symptom.[13]

The Method of Free Association

Now no electric rods, hypnotic suggestions, or pressures applied to the forehead were necessary. Freud simply listened to everything the patient had to say, because nothing he said was without significance. At the beginning of the treatment he would give these instructions to the patient:

> Before I can say anything to you, I must know a great deal about you; please tell me what you know about yourself. . .say whatever goes through your mind. . .never forget that you have promised absolute honesty and never leave anything unsaid because for any reason it is unpleasant to say it.[14]

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[12] Jones, *op. cit.*, I, 233, 234.

[13] *Ibid.*, p. 245.

[14] Freud, *Collected Papers*, II, 355, 356.

7 The method of free association, then, became the definitive way of overcoming the patient's resistance to conscious awareness of his painful reminiscences. Paradoxically, non-interference on the part of the therapist, combined with a commitment to honesty on the part of the patient, proved much more effective than more forceful methods. However, in spite of the best intentions of the patients, at times stubborn silences or other resistances would interrupt the free flow of associations. In Freud's developing thought, the activity of the therapist was directed at those points in order to overcome the resistance:

> At the time of the cathartic treatment we set ourselves the aim of elucidating the symptoms, then we turned away from the symptoms to discovering the 'complexes,' to use Jung's indispensable word; now, however, our work is aimed directly at finding out and overcoming the 'resistances,' and we can with justification rely on the complexes coming to light as soon as the resistances have been recognized and removed.[15]

This change of emphasis to the importance of analyzing the resistance is due to the fact that, according to Freud's own admission, his approach was overly intellectual in the early days.[16] After more experience he came to

> . . .abandon the previous attribution of importance to knowledge in itself, and to lay the stress upon the resistances which had originally induced the condition of ignorance and were still now prepared to defend it.

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[15] _Ibid._, p. 288.

[16] _Ibid._, p. 362.

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> Conscious knowledge. . .was powerless against these resistances.[17]

The Patient's Part in Overcoming Resistance

The overcoming of resistance requires not only the cooperation of the patient, but also his courage and strong motivation to overcome his illness.[18] Freud tells what is required on the part of the patient:

> He must find the courage to pay attention to the details of his illness. His illness itself must no longer seem to him contemptible, but must become an enemy worthy of his mettle, a part of his personality, kept up by good motives, out of which things of value for his future life have to be derived.[19]

The purpose of overcoming of resistance is to allow the

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[17] *Ibid.*, p. 363.

[18] Freud discovered in time that it was not always possible to assume the amount of strength in the ego which would enable the patient to make this alliance with the therapist to overcome the neurosis. In 1919, in the paper, "Turning in Ways of Psychoanalytic Therapy," he wrote:

> We cannot avoid also taking for treatment patients who are so helpless and incapable of ordinary life that for them one has to combine analytic with educative influences; and even with the majority now and then occasions arise in which the physician is bound to take up the position of teacher and mentor. But it must always be done with great caution, and the patient should be educated to liberate and fulfill his own nature, and not to resemble ourselves. (*Ibid.*, p. 399.)

Many patients were not capable of more strict psychoanalysis and compelled the therapist to "alloy the pure gold of analysis plentifully with the copper of direct suggestion." (*Ibid.*, p. 402.)

[19] *Ibid.*, p. 372.

9 consciousness of the patient to expand and bring a new unity back into his personality; so that for the symptom can be substituted health and an integrated life.

> Whilst we are working at analysis of it and at removing the resistances, this mind of his begins to grow together; that great unity which we call his ego fuses into one all the instinctual trends which before had been split off and barred away from it.[20]

Therefore, the cause of the symptom was not ignorance as such, but the inner resistance to lifting the ignorance through recall.[21]

This has been a brief summary of the method Freud developed to overcome the resistance in the individual patient to bringing to consciousness the historical knowledge that would relieve his neurotic symptoms. To detail the refinements in this method that have been developed by subsequent workers in the field would go beyond the bounds of the thesis. But it would also be unnecessary for the purpose of the thesis; the basic directions laid down by Freud still stand as a monument to his genius.[22]

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[20] *Ibid.*, p. 395.

[21] *Ibid.*, p. 302.

[22] It is also outside the purpose of the thesis to summarize psychoanalytic personality theory; we are describing Freud's method, not his conclusions regarding the structure of the mind. Therefore we have not elucidated all that Freud means when he uses the term "ego." But the popular understanding of that term is sufficient. The term itself is a product of translation: Freud used the word "Ich". (See Sigmund Freud, *The Ego and the Id*, trans. Joan Riviere, rev. and ed. James Strachey (New York: W.W. Norton and Company, 1960)pp. xiii, xiv including footnotes.)

II. THE TRANSFERENCE

Even in the early Studies in Hysteria, Freud had discovered a very interesting fact about resistance. He stated that its ". . .cause occurs when the relation of the patient to the physician is disturbed and signifies the worst obstacle that can be encountered. One can expect this in every more serious analysis."[23] He suggested that this disturbance in the relationship of the patient to the physician had three different causes:

> The patient believes herself slighted and disparaged, . . .the patient is seized with the fear that she is becoming too dependent upon her physician [and] sexually dependent upon him. . . .The patient fears lest painful ideas emerging from the content of the analysis would be transferred to the physician.[24]

The term "transferred" is used, meaning that it is precisely the same unacceptable wishes which are responsible for the neurotic symptom which become transferred onto the person of the physician during the analysis. Freud defined "transference" in Studies in Hysteria:

> The content of the wish at first appeared in the patient's consciousness which would have transferred this wish into the past. Through the associative force prevailing in her consciousness, the existing wish became connected with my own person, with which the patient could naturally occupy herself, and in this mesalliance--

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[23] Breuer and Freud, op. cit., pp. 229, 230.

[24] Ibid.

> 11 which I call a false connection--the same affect awakened, which originally urged the patient to banish this clandestine wish.[25]

The same affect which rendered the original wish painful and "urged the patient to banish" it, when the wish has become "transferred" to the physician, operates to repress it again, and thus becomes manifest as resistance.

Analyzing the Transference

As noted above, Freud at first thought the transference to be the worst obstacle to the analysis which could be encountered. As time went on, Freud came to realize that it was also the most powerful help to the therapy. In the paper, "The Future Prospects of Psychoanalytic Therapy," in 1910, he referred to two aids to the therapeutic process: the intellectual interpretations of the therapist and the more powerful aid of the transference.[26] In "The Dynamics of the Transference," in 1912, he divided the transference into positive and negative feelings and stated that "the transference to the physician is only suited for resistance in so far as it consists in *negative* feeling or in the repressed *erotic* elements of positive feeling."[27] The transference is to be

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[25] *Ibid.*, p. 230.

[26] Freud, *Collected Papers*, II, 286.

[27] *Ibid.*, p. 319.

12 analyzed only when it becomes resistance. So long as the patient continues to free associate the theme of the transference should be left alone.[28] But at any point, the next association from the repressed unconscious complex will be one that is capable of being transferred to the therapist, resulting in resistance.[29]

The Transference as Repetition Compulsion

If the aim of psychoanalysis is conscious remembrance, the transference is manifested as resistance in the desire simply to live out the unacceptable wishes in relation to the doctor instead of recognizing them. "The unconscious feelings strive to avoid the recognition which the cure demands; they seek instead for reproduction, with all the power of hallucinations and the inappreciation of time characteristic of the unconscious."[30] In 1914, in the paper, "Further Recommendations in the Technique of Psychoanalysis, Recollection, Repetition, and Working Through," Freud called this desire the "compulsion to repeat."[31] He pointed out that in the analytic process the "patient *remembers* nothing of what is forgotten and repressed, but he expresses it in *action*."[32] In the process of attempting to act out the unconscious

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[28] *Ibid.*, p. 360. [29] *Ibid.*, p. 317. [30] *Ibid.*, p. 321.

[31] *Ibid.*, p. 374. [32] *Ibid.*, p. 369.

13 wishes and responses in relationship to the therapist instead of remembering them, the patient

> . . .reproduces everything in the reservoirs of repressed material that has already permeated his general character--his inhibitions and disadvantageous attitudes of mind, his pathological traits of character. He also repeats during the treatment all his symptoms.[33]

The "repetition compulsion" can be used to bring about conscious recollection instead of reproduction in the analysis in the following way:

> We admit it into the transference as to a playground, in which it is allowed to let itself grow in almost complete freedom, and is required to display before us all the pathogenic impulses hidden in the depths of the patient's mind.[34]

In orthodox psychoanalytic technique, this is known as the transference-neurosis. The repetition compulsion is allowed to build by the use of the psychoanalytic technique until it becomes a neurosis in itself, which takes the place of the original neurosis which brought the patient into treatment. This new neurosis is now in the analytic playground where it can be analyzed by the therapist and hopefully changed from reproduction to recollection. Freud always realized that despite his understanding, the process continued to present difficulties in practice. In 1896 he stated in *Studies in Hysteria* that the worst obstacle was involved in handling the

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[33] *Ibid*., p. 371.

[34] *Ibid*., p. 374.

14 transference. In 1915, in the paper, "Further Recommendations in the Technique of Psychoanalysis: Observations on Transference Love," he remarked that in analysis the ". . .only serious difficulties are encountered in handling the transference."[35]

The transference is at the same time the greatest opportunity in the therapeutic process:

> The accumulation of energy necessary to overcome the resistances is supplied by analytic utilization of the energies which are always ready to be 'transferred.' By timely communications to the patient at the right moment the analyst points out the direction in which these energies should be employed.[36]

Even though the transference is used as resistance, it is only the transference which allows the patient to gain a rapport and relationship with the therapist which is strong

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[35] Ibid., p. 377. Perhaps the most difficult manifestation of the transference-resistance is the temptation for female patients to fall in love with a male therapist. He must obviously enforce the abstinence, instead of allowing the seduction to take place in order to frustrate the compulsion to repeat the neurotic symptoms and instead bring them to conscious recollection. This may place great demands upon the doctor, who must be truthful and at the same time tactful in his communications. It is not easy to resist the seductive tactics of the patient, but the therapist must understand that if the patient does succeed in seducing the therapist "she would have succeeded in what all patients struggle for, in expressing in action, in reproducing in real life, what she ought only to remember, to reproduce as the content of her mind and to retain within the mental sphere." (Ibid., p. 384.)

[36] Ibid., p. 364.

15 enough to give the patient the courage and the motivation to attack his neurotic resistances and to come into health. Freud summed this up in the paper, "Turning in the Ways of Psychoanalytic Therapy," in 1919:

> We have formulated our therapeutic task as one of bringing to the knowledge of the patient the unconscious, repressed impulses existing in his mind and, to this end, of uncovering the resistances that oppose themselves to this extension of this knowledge about himself. . .by exploiting the patient's transference to the person of the physician, so as to induce him to adopt our conviction of the inexpediency of the repressive processes established in childhood and of the impossibility of conducting life on the pleasure principle.[37]

The passage has introduced another of Freud's complex ideas, the "pleasure principle." As a description of one of the ways in which the mind works, the pleasure principle is outside the concern of this thesis. But Freud implied that it is also part of the cause of the resistance, and therefore involved in the description of his method. The patient resists the uncovering of the historical truth because to acknowledge it would be to acknowledge also that he is no longer a child who can demand immediate gratification of his wants and desires. In his illness it seemed preferable to him to gratify these wishes unconsciously and indirectly in the neurotic symptom, than to take mature responsibility for

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[37] *Ibid.*, p. 392.

16 deciding what can appropriately be gratified in an adult manner, and what must be given up. The repetition compulsion is the inappropriate persistence of childishness in the adult, demanding immediate gratification, even at the cost of illness, in preference to the mature assumption of responsibility for one's choices. Referring to the patient who falls in love with her physician, Freud wrote:

> She has to learn from him to overcome the pleasure-principle, to give up a gratification which lies to hand, but is not sanctioned by the world she lives in, in favor of a distant and perhaps altogether doubtful one, which is, however, socially and psychologically unimpeachable. To achieve this mastery of herself, she must be taken through the primordial era of her mental development and in this way, reach that greater freedom in the mind which distinguishes conscious mental activity--in the systematic sense--from unconscious.[38]

III. THE COUNTER-TRANSFERENCE

Freud differentiated psychoanalysis from other therapies as any procedure that worked with the transference and the resistance. While this definition is formally true, it does not include the elucidation of that which makes working with the transference and the resistance possible--the analysis of the counter-transference.

From the term itself, "counter-transference" might seem either to refer to the therapist's response to the

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[38] Ibid., p. 390.

17 patient's transference--the *counter*-transference, or to the projection on the part of the therapist of his own neurotic conflicts on to the patient--the counter-*transference*. Freud seemed to have both meanings in mind when he coined the term in 1910.

> We have begun to consider the 'counter-transference,' which arises in the physician as a result of the patient's influence on his unconscious feelings, and have nearly come to the point of requiring the physician to recognize and overcome this counter-transference in himself.[39]

A further ambiguity in this brief definition of counter-transference is contained in the phrase "unconscious feelings." Supposedly the counter-transference is an unconscious conflict aroused by the patient's responses which blocks the therapist's attention to the patient's needs. But feelings are experienced in consciousness. One could speculate that Freud had in mind those conscious feelings such as anxiety, which could serve as clues to the presence of unconscious conflicts which are blocking the therapist's sensitivity to his patient. But this is only speculation. The important point is to note the lack of clarity in the definition of counter-transference which remains a problem also in later psychoanalytic investigations of the phenomenon.

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[39] *Ibid.*, p. 289.

18 Further in this section, Freud's later development of the term will be considered, and the next chapter will discuss the use of the concept in psychoanalytic thought since Freud. But to understand the importance of counter-transference first requires referring to Freud's own life and the development of his thought. For Freud came to understand that his ability to comprehend what was going on in the life of his patients required first of all that he be able to recognize these same responses in himself. A complex combination of personal problems within himself, and a felt inability to understand his patients led Freud to embark on a serious attempt to practice psychoanalysis on himself.

Freud's Self Analysis

In July, 1897, Freud began the self-psychoanalysis of his own unconscious, setting aside the last half hour of each day for that purpose.[40] Jones stated that the date could be determined for the beginning of this analysis but not for the end of it; Freud told him in conversation that he continued throughout his life to set aside the last half hour of every day for his self-analysis.[41] Jones asserted that Freud accomplished two great deeds in his life; the devising of the

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[40] Jones, *op. cit.*, I, 323.

[41] *Ibid.*, p. 327.

19 method of free association, and his self-analysis, through which he investigated the child's early sexual life and discovered the Oedipus complex.[42] Jones remarked:

> It is hard for us nowadays to imagine how momentous this achievement was, that difficulty being the fate of most pioneering exploits. Yet the uniqueness of that fact remains. Once done, it is done forever. For no one again can be the first to explore those depths.[43]

It is difficult to understand all the reasons that led Freud to begin his self-analysis at this particular time. One reason seems to have been his deep dependency and friendship with Wilhelm Fliess who, perhaps more than any other person, had been privy to Freud's early thinking about psychoanalysis. During the month he began his self-analysis, this dependency began troubling Freud. He began to think that there were unconscious neurotic reasons for the relationship and hints of a coming break in that relationship. He wrote to Fliess in July:

> What has been going on inside me I still do not know. Something from the deepest depths of my own neurosis has been obstructing any progress in the understanding of neuroses, and you are somehow involved in it all. For the paralysis of writing seems to me to have been designed to hinder the intercourse of our correspondence. I have no guarantee for this idea; it is a matter of feeling--of an exceedingly obscure nature.[44]

In addition to this, the development of the

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[42] *Ibid.*, p. 241. [43] *Ibid.*, p. 319. [44] *Ibid.*, p. 306.

20 interpretation of dreams took place concurrently with the beginning of his analysis. In July, 1895, he first fully analyzed one of his own dreams and in the years following wrote to Fliess several times about the analysis of his dreams.[45] But perhaps the most important reason was his struggle with his growing understanding of infantile sexuality. He had, by this time, come across in the analysis of his patients many stories of childhood seduction by parents. At first he believed this to be the passive result of the child's being precociously stimulated by the parents. He uncritically accepted the prevailing cultural idea that small children were innocent of any sexual feelings or thoughts. It was only with difficulty that he realized, as the stories of childhood seduction became more and more common, that some doubt might be placed upon the veracity of these accounts. Until September, 1896, after the beginning of his self-analysis, he still held the opinion that the ". . .essential cause of hysteria was a sexual seduction of an innocent child on the part of some adult, most often the father; the evidence of the analytical material appeared irrefragible."[46] In a letter on February 11, 1897, he inferred from noticing some hysterical symptoms in his

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[45] *Ibid.*, p. 323.

[46] *Ibid.*, p. 321.

21 brothers and several sisters (but not himself) that even his own father had to be thus incriminated.[47] While he doubted his conclusion, he kept getting fresh evidence about it. His blindness to the truth of this perplexing question was suddenly lifted when he analyzed one of his own dreams about an American niece. In his interpretation he was forced to recognize that the dream covered a sexual wish of his own towards his eldest daughter. Four months after this, in September, 1897, Freud discovered and admitted the truth of the matter:

> . . .that irrespective of incest wishes of parents towards their children, and even of an occasional accident of the kind, what he had to concern himself with was the general occurrence of incest wishes of children towards their parents, characteristically toward the parent of the opposite sex. This other side of the picture had been quite concealed from him.[48]

Later, during his own self-analysis "memories had come back of sexual wishes about his mother on occasions of seeing her naked."[49] And it was also in his self-analysis that

> He had discovered in himself the passion for his mother and jealousy of his father; he felt that this was a general human characteristic and that from it one could understand the powerful effect of the Oedipus legend.[50]

Thus it was in his own self-analysis that he came to understand what had been puzzling to him about the reports of his

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[47] *Ibid.*, p. 322.

[48] *Ibid.*, p. 322.

[49] *Ibid.*, p. 326.

[50] *Ibid.*, p. 326.

22 patients in analysis--the universality of the Oedipal situation in which the child desires the parent of the opposite sex, but is unable to possess her because of the prohibition of the parent of the same sex. Fifteen years before this recognition he had written, "I always find it uncanny when I can't understand someone in terms of myself."[51] When struggling through his self-analysis in October 1897, he wrote:

> Everything that I experience with patients I find here: days when I slink about oppressed because I have not been able to understand anything of my dreams, my phantasies, and the moods of the day, and then again days when a flash illuminates connections and enables one to comprehend what has gone before as a preparation for today's vision.[52]

This pioneering venture is at the heart of the psychoanalytic method; the realization that there are resistances not only in the client but also in the therapist; a compulsion to repeat unacceptable wishes rather than remembering them not only in the patient but also in the therapist. Therefore, in order for psychotherapy to take place, the therapist must understand his own possibilities for transferring onto his patient his unconscious resistance to the uncovering of neurotic conflicts.

Exploration of what came to be known as the countertransference by analysis now became an essential part of

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[51] _Ibid_., p. 320.

[52] _Ibid_., p. 326.

23 Freud's psychoanalytic method. Freud, in his genius, tended to underestimate the difference between himself and other men and originally believed that this analysis could be carried on by the therapist himself. He expressed ". . .the opinion that someone who is honest, fairly normal and a good dreamer could go a long way in self-analysis, but then everyone is not Freud."[53] It became necessary for Freud to recognize that others were not as fitted as he, and that self-analysis had to be replaced by analysis of the therapist by another competent psychoanalyst.

Development of Freud's Thought about Counter-Transference

With this background, it is possible to follow the development of Freud's thought about counter-transference.

It has been pointed out that as a result of his own self-analysis, in 1910 he developed the explicit idea of counter-transference as a hindrance to the psychoanalytic process.

> We have begun to consider the 'counter-transference,' which arises in the physician as a result of the patient's influence on his unconscious feelings, and have nearly come to the point of requiring the physician to recognize and overcome this counter-transference in himself. . . . Every analyst's achievement is limited by what his own complexes and resistances permit, and consequently we require that he should begin his practice with a self-analysis and should extend and deepen this constantly

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[53] *Ibid.*, p. 321.

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> while making his observations on his patients. Anyone who cannot succeed in this self-analysis may without more ado regard himself as unable to treat neurotics by analysis.[54]

Freud became in time much less confident of the ability of therapists to analyze their own dreams and be capable of self-analysis. In the paper, "Recommendations for Physicians on the Psycho-analytic Method of Treatment," in 1912, he insisted:

> It is a justifiable requisition that he should further submit himself to a psychoanalytic purification and become aware of those complexes in himself which would be apt to affect his comprehension of the patient's disclosures.[55]

The necessity for this analysis is that the therapist must

> . . .put himself in a position to use all that is told him for the purposes of interpretation and recognition of what is hidden in the unconscious, without substituting a censorship of his own for the selection which the patient foregoes. . .he must bend his own unconscious like a receptive organ towards the emerging unconscious of the patient, be as the receiver of the telephone to the disc. . . .He may tolerate no resistances in himself which withhold from his consciousness what is perceived by his unconscious.[56]

Freud made several attempts to define the proper relationship between therapist and patient in which countertransference does not interfere. In the paper, "Recommendations for Physicians on the Psychoanalytic Method of

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[54] Freud, Collected Papers, II, 289.

[55] Ibid., pp. 328, 329.

[56] Ibid., p. 328.

25 Treatment," in 1912, he stated that the appropriate attitude of the therapist

> . . .simply consists in making no effort to concentrate the attention on anything in particular and in maintaining in regard to all that one hears the same measure of calm, quiet attentiveness--of 'evenly-hovering attention'. . . . All conscious exertion is to be withheld from the capacity for attention, and one's 'unconscious memory' is to be given full play.[57]

He believed that if this were done by the physician, the unconscious memory would be perfect, and only defective if counter-transference intervened.[58] The attitude of the physician towards the patient should be one of non-interference, guarding against any personal idiosyncracies on the part of the therapist. In the paper, "Recommendations for Physicians on the Psychoanalytic Method of Treatment," he stated this advice very strongly, "The physician should be like a mirror, reflecting nothing but what is shown to him."[59]

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[57] _Ibid_., pp. 324, 325.

[58] _Ibid_., p. 325.

[59] _Ibid_., p. 331. A personal report from a patient of Freud's gave her estimate as to how well he lived up to his ideal of the "impenetrable mirror." Jones quoted a passage from Joan Riviere's description of the way Freud worked in therapy:

> But whether in analysis or not, his interest, with all its intolerance of preliminaries and its imperativeness, was curiously impersonal. One had always the impression of a certain reserve behind the eagerness, as though it were not for himself that he so preemptorily demanded to understand things, but for some purpose outside himself. (Jones, _op_. _cit_., II, 405.)

26 Another way to understand Freud's ideal of the mirror is to understand it as an expression of Freud's conscious value of non-interference with his patient's life. Freud considered himself a "psychoanalyst," not an ethical teacher. He did not want to hold his patients to a better life, or to be a spiritual leader to them, but to relieve their neurotic symptoms. This is one of the reasons he so emphatically opposed the later developments of Jung and the Swiss School.[60] The psychoanalyst is not to make the patient an extension of himself. Freud claimed, "I have been able, without affecting their individuality, to help people with whom I had nothing in common--neither nationality, education, social position or outlook upon life in general."[61]

Working to eliminate counter-transference, then, makes the appropriate therapeutic relationship possible. The

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[60] Freud, *Collected Papers*, II, 398. In the paper, "Turning in the *Ways of Psychoanalytic* Therapy," in 1919, he stated:

> We rejected most emphatically the view that we should convert into our own property the patient who puts himself into our hands in search of help, should carve his destiny for him, force our own ideals upon him, and with the arrogance of a Creator, form him in our image and see that it was good. (*Ibid*.)

He sarcastically *referred* to ". . .C. G. Jung at a time when this investigator was a mere psychoanalyst and did not yet aspire to be a prophet." (Sigmund Freud, *A General Introduction to Psychoanalysis*, trans. Joan Riviere *(New York:* *Washington Square Press*, Inc., 1962), p. 280.)

[61] Freud, *Collected Papers*, II, 399.

27 physician should be able to be compassionate with the patient. "A physician must always be tolerant of the patient's weakness, and must be content to win back a part of the capacity for work and enjoyment. . . ."[62] However, the therapist may be able to help others, even though he resists his own analysis and may not always be able to help himself.[63] But he must continually be on the alert for his own counter-transference and must not only be analyzed himself, but continue his self-analysis in some form throughout his life or else "he will easily yield to the temptation of projecting as a scientific theory of general applicability some of the peculiarities of his own personality which he has dimly perceived."[64]

The analysis of the counter-transference, then, is an essential aspect of the psychoanalytic method, and the development of Freud's own thought and therapeutic skills through his self-analysis is the first case illustration of that point. Philip Rieff, a sociologist specializing in intellectual history, wrote a critical but sympathetic study of Freud's thought as a Fellow of the Center for Advanced

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[62] Ibid., pp. 332, 333.

[63] Ibid., p. 346.

[64] Ibid., p. 330.

28 Study in the Behavioral Sciences, entitled, _Freud: the Mind of the Moralist_. He summed up much of this discussion of the psychoanalytic method and the importance of the counter-transference in this epigram: "'To know thyself' is to be known by another. This was Freud's powerful revision of the Delphic injunction."[65]

Counter-Transference and Psychological Truth

Before ending this discussion of the importance of counter-transference in Freud's thought, it must be noted that for him the analysis of the counter-transference is one way by which the truth or falsity of psychoanalytic theories is established. On the one hand, disagreement with the findings of psychoanalysis is a matter of counter-transference on the part of its opponents. Rieff stated:

> Psychoanalysis holds itself apart from other theories of the mind, which can be judged impartially; these statements are about _you_ and you are bound to 'resist' because you don't _want_ to admit them.[66]

Disagreements within the psychoanalytic movement were also regarded in the same way. Freud remarked that "this same transference situation at first retarded the development of psychoanalytic therapy for ten years."[67] On the other hand,

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[65] Philip Rieff, _Freud: the Mind of the Moralist_ (Garden City, New York: Doubleday and Co., Inc., 1961), p. 76.

[66] _Ibid._, p. 109.

[67] Freud, _Collected Papers_, II, 378.

29 analysis of the counter-transference is the way the investigator guards against ". . .projecting as a scientific theory of general applicability some of the peculiarities of his own personality" in order to arrive at objective truth.

By analyzing the counter-transference, then, the analyst who is also a theoretician distills out the biasing effects of his own personality in order to arrive at objective psychological truth. But is this actually the case, or is the statement an oversimplification which does not do justice to the complex relation between the personality of the psychoanalytic investigator and the kind of psychological truth he discovers? Even if all counter-transference biases could be eliminated, which later psychoanalytic investigation indicated was an unrealizable ideal, there remains an intimate relationship between the person of the psychoanalytic investigator and what he discovers about his patient and about the human mind. At this point it is necessary to refer again to Freud's own life to underscore the fact that for him at least, the kind of truth Freud discovered was closely influenced by the kind of man Freud was.

Late in his life, thinking back over his own career, he commended with approval ". . .the truth of Mephistopheles: 'It is in vain that you range round from science to science; each man learns only what he can.'"[68] Although Freud

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[68] Jones, _op_. _cit_., I, 39.

30 consciously wanted to keep his own life private and separate from his work, it was clearly impossible to do so.[69] Freud invited investigation of himself as a person because of the very fact that in such epoch-making studies as The Interpretation of Dreams he presented his own personality as the laboratory and testing ground for his theories. He was, in Erikson's phrase, like Luther, one of those ". . .autobiographers with a histrionic flare who can make enthusiastic use even of their neurotic suffering," who presented himself as a sort of case study in presenting his theories.[70] Rieff commented, "Among Freudians, Freud's self-analysis remains singular. . .despite an overlay of belief in the impersonality of science, psychoanalysis is thus linked with Freud's personal development in a way in which scientific doctrines rarely are with the intimate lives of their founders."[71]

Many parallels come to mind between the kind of man Freud was and the kind of truth he discovered. Jones saw a relationship between Freud's lifelong atheism and the secular free-thinking atmosphere of the home in which he was raised.[72]

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[69] *Ibid.*, I, p. xi.

[70] Erik H. Erikson, *Young Man Luther* (New York: W. W. Norton & Company, Inc., 1962), p. 16.

[71] Rieff, *op. cit.*, p. 71.

[72] Jones, *op. cit.*, III, 350.

31 It may be that in Freud's psychology of religion his countertransference is most intrusive. Rieff remarked: "What first impresses the student of Freud's psychology of religion is its polemical edge."[73] The dependence of the theories of infantile sexuality and the Oedipus complex upon Freud's analysis of his own dreams has been noted above. But the most important parallel is that between his own self-understanding of his neurotic pathology and the kind of conceptualizations which he put forward in his theoretical work. According to Jones,

> Freud once told Jung that were he ever to suffer from a neurosis, it would be of the obsessional type. That signifies, as Freud himself taught us, a deep ambivalence between the emotions of love and hate and much in his own self-descriptions undoubtedly accords with this.[74]

The characteristic of obsessional thinking is the polarity of opposites with ambivalent emotional attitudes towards these dichotomies. One may recall in this connection Freud's conclusion about the history of culture:

> We have so frequently had occasion to show the ambivalence of emotions in its real sense, that is to say the coincidence of love and hate toward the same object, at the root of important cultural formations.[75]

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[73] Rieff, op. cit., p. 281.

[74] Jones, op. cit., II, 423.

[75] Sigmund Freud, Totem and Taboo, in Basic Writings, trans. and ed. A. A. Brill (New York: Random House, Inc., 1938), p. 927.

32 His theoretical concepts showed a marked preference for dichotomies: sexual instincts and ego instincts, eros and thanatos, pleasure principle and reality principle, ego and id, and many others.

These parallels between the kind of man Freud was and the kind of truth he discovered are not meant to imply that his discoveries can be reduced simply to the results of counter-transference. But these parallels do mean to suggest that there is an intimate and complex relationship between Freud's truth and Freud's person. To suggest another epigram, Freud may be said to have raised the logical fallacy of the ad hominem argument, suitably refined, to the status of a method of scientific exploration.

CHAPTER IV

LATER PSYCHOANALYTIC UNDERSTANDING OF COUNTER-TRANSFERENCE AND EMOTIONAL RESPONSE

Since the work of Freud, thought about counter-transference has not been developed to the same degree as some other concepts of psychoanalytic thought. Margaret Little wrote in 1951 that

> . . .surprisingly little has been written on counter-transference apart from books and papers on technique meant for students in training. The writers of these all emphasize the same two points--the importance and potential danger of counter-transference and the need for thorough analysis of analysts.[1]

Little goes on to suggest that the reason for this neglect of counter-transference may be the same as resistance to psychoanalytic theory generally: "There is an attitude towards counter-transference, i.e., towards one's own feelings and ideas, that is really paranoid or phobic, especially where the feelings are or may be subjective."[2] One result of this

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All of the references in this chapter, except when noted otherwise, are from the writings of psychoanalysts in specialized psychoanalytic journals or in more general psychiatric publications.

[1] Margaret Little, "Counter-transference and the Patient's Response to It," International Journal of Psychoanalysis, XXXII, (1951), 32.

[2] *Ibid.*, p. 33.

2 neglect is that the writing about counter-transference has not arrived at the same degree of consensus as some other aspects of psychoanalytic theory. Douglass Orr wrote in 1954 that "definitions of counter-transference have varied almost from the first discussions of it, and there remains today widespread disagreement as to what the term comprises."[3] This lack of clarity was noted above in Freud's own definition of counter-transference and has continued in later psychoanalytic investigation.

This chapter will summarize the later history of psychoanalytic thought about counter-transference beginning with Freud's assumptions that it came from the complexes and resistances in the analyst's own personality and blocked his ability to attend to his patient's problems. Stratagems were developed for resolving these resistances as far as possible in training and supervision, and clues for the analyst to recognize its occurrence in his own work were developed. Then it came to be recognized that eliminating all counter-transference was an unrealizable ideal which had the negative effect of suppressing the very important and useful emotional responses of the therapist toward his patient. At this point definitions of counter-transference become even more confused as various psychoanalytic writers wished to include the conscious emotional responses of the therapist toward his patient as well as manifestations of unconscious conflicts; and the realistic and helpful reactions of the analyst as well as his inappropriate and destructive reactions determined by his unresolved neurotic conflicts. It is recognized that there is a thin line between these two kinds of reactions, since both depend upon the "presuppositions," to use Polanyi's term, of the therapist's own personality structure as it affects his ability to emotionally understand his patient. Ways are then suggested by several analysts for differentiating, in theory and practice, between these two kinds of reactions.

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[3] D. W. Orr, "Transference and Counter-transference: A Historical Survey," Journal of American Psychoanalytic Association, II (1954), 646-47.

For the purposes of the dissertation, the term, counter-transference, will continue to mean the manifestations of unresolved neurotic conflicts aroused in the therapist by the patient's responses which are unconscious, i.e., hidden from the therapist, but which interfere with the therapist's attention to his patient's problems. A second term, emotional response, or, emotional understanding, will then be used to indicate the therapist's ability to feel with his patient. This emotional understanding depends, as does the counter-transference reaction, on the presuppositions of the therapist's

4 own personality structure, but in this instance available to him as the basis for emotional insight about and meaningful contact with his patient. This distinction in terminology is not meant to suggest any absolute separation in theory or practice between the two, since an unconscious reaction of the therapist to his patient might be an appropriate and helpful one, and a conscious emotional response might be an elaborate defense against a destructive counter-transference reaction.

I. TRADITIONAL CONCEPTION AND HANDLING OF THE COUNTER-TRANSFERENCE

Early discussions of this theme are in agreement that counter-transference is a hindrance to psychoanalysis, following Freud's dictum ". . .requiring the physician to recognize and overcome this counter-transference in himself. . . . Anyone who cannot succeed in this self-analysis may without more ado regard himself as unable to treat neurotics by analysis."[4] (It will be recalled from the preceding chapter that Freud came to realize that self-analysis was usually not adequate to resolve counter-transference problems unless accompanied or preceded by a thorough analysis by another

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[4] *Ibid.*, p. 674.

5 psychoanalyst.) In this early discussion counter-transference was defined as ". . .an unconscious reaction of the psychoanalyst to the patient's transference."[5] Ferenczi, Rank and Stern explicitly included in the idea of counter-transference also the concept of the analyst's own transference to the patient, arising from his own unresolved neurotic difficulties.[6]

It is important to summarize traditional stratagems for handling counter-transference. Edward Glover, a British psychoanalyst, gave a definitive series of lectures on "Technique in Psychoanalysis" in 1927, one lecture of which was then entitled "Counter-transference and Resistance."[7] This lecture is essentially reproduced as a chapter entitled "Counter-Resistance and Counter-Transference" in The Technique of Psychoanalysis.[8] In this handbook of practical guidance for psychoanalysts, Glover not only insisted upon the necessity for a thorough training analysis to uncover the resistances in the analytic trainee to dealing with the emotional conflicts his patients bring to him, but also the necessity for continuing constant investigation of his counter-transference by even the most mature analyst. Glover used the graphic term "doing the analyst's toilet" to refer to the need for the analyst continually to investigate his own feelings toward the patient for signs of infantile gratifications at the patient's expense. He made the interesting suggestion that ". . .allowing for differences in character. . .the counter-resistances of the analyst in any given situation are similar and equal in intensity to the resistances of the patient in that situation."[9] That is to say, as the patient works through a particular neurotic problem the analyst is in the position of being exposed to his own corresponding infantile conflicts in response to those of the patient. Therefore, he must be wary of these reactions and analyse them so that he does not act them out for his own neurotic gratification instead of analyzing the patient's conflicts. The standard is as follows: ". . .what distinguishes analytic technique proper from the gratification of counter-transferences and resistances is its adaptation to the unconscious requirements of the patient."[10] To uphold

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[5] Otto Kernberg, "Notes on Counter-transference," Journal of the American Psychoanalytic Association, XIII (1965), 38.

[6] Orr, op. cit., p. 648.

[7] Edward Glover, "Lectures on Technique in Psychoanalysis: Counter-transference and Resistance," International Journal of Psychoanalysis, VIII (1927), 504-520.

[8] Edward Glover, The Technique of Psycho-Analysis (New York: International Universities Press, 1955).

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[9] _Ibid._, p. 92.

[10] _Ibid._, p. 99.

7 this standard he offered some guidelines for the psychoanalyst to indicate the presence of counter-transference and therefore the need for further self-analysis or analysis. These include the therapist's acting always in a stereotyped way, the therapist's not being able to justify either his interventions or silences on analytical grounds, or the inability of the therapist to explain to himself why the patient still is having difficulty.[11]

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[11] *Ibid.*, p. 99. Glover introduced the somewhat confusing distinction of positive and negative counter-transference. These terms indicate the inappropriate presence of either positive or negative emotions towards a patient which are the result of the analyst's neurotic conflicts projected onto the patient. Negative counter-transference is especially hard for experienced analysts to detect in themselves. Both positive and negative counter-transference are negative in the sense that they interfere with the analysis because of the acting out of neurotic impulses on the part of the analyst. (*Ibid.*, p. 106). Money-Kyrle defined ". . .counter-transference in the narrow sense of an excess of positive or negative feeling:"

> The analyst whose reparative impulse is thwarted of its analytically normal outlet may be unconsciously inclined either to offer some form of love instead, or to become hostile to his patient. He is more likely to respond *to* his patient's mood just because he has lost his empathy *with* it. (R. E. Money-Kyrle, "Normal Counter-transference and Some of Its Deviation," *International Journal of Psychoanalysis* (1956), XXXVII, p. 363.)

Menninger objected to the terms 'positive' and 'negative transference' because both positive and negative feelings co-exist in the transference, and stated instead that one should "speak of positive and negative attitudes in the transference." (Karl Menninger, *The Theory of Psychoanalytic Technique* (New York: Basic Books, Inc., 1961), p. 81) He would undoubtedly have the same objection to the terms positive and negative counter-transference. In any case, they may be misleading. Traditionally, counter-transference was always thought of as

Mable Blake Cohen suggested as an operational definition of counter-transference, ". . .the presence of anxiety in the therapist--whether recognized in awareness or defended against and kept out of awareness."[12] The presence of anxiety, then, is the way in which the therapist can tell that something is interfering with the analytic process. Counter-transference as indicated by anxiety, either recognized or defended against, has the effect that ". . .communication between the two is interfered with by some alteration in the analyst's behavior (verbal or otherwise)."[13] The average kind of counter-transference difficulty for a therapist is described by

> . . .the fact that one habitually and incessantly plays a role which is determined by one's character structure, so that one is at times handicapped from seeing and dealing with the role in which one is cast by the patient.[14]

The Omnipresence of Counter-Transference

Psychoanalytic writers came to agree that the hope of eliminating counter-transference was an unrealizable ideal.

'negative' in the sense of interfering with analysis whether or not it was consciously expressed in the analyst's emotions by positive or negative feelings towards his patient.

[12] Mable Blake Cohen, "Counter-transference and Anxiety," Psychiatry, XV, No. 3 (1952), 235.

[13] Ibid., p. 235.

[14] Ibid., p. 238.

No analyst is so thoroughly analyzed that he is without counter-transference reactions at one point or another in his work. Cohen, in 1952, concluded in opposition to any optimism that counter-transference could be eliminated from the analytic process. Counter-transference ". . .attitudes are present in all analytical situations, perhaps roughly proportionate to the degree of success of the therapist's analysis, but nonetheless present in all."[15] Little agreed that the ideal of eliminating counter-transference reactions is not realizable and that

> All that we can really aim at is reaching the point at which the analyst's attitude to his own id impulses is no longer a paranoid one and so is safe from his patient's point of view, and to remember besides that this will still vary in him from day to day, according to the stresses and strains to which he is exposed.[16]

Even Glover, at the end of his chapter, is somewhat pessimistic as to the possibility of eliminating counter-transference difficulties. He has observed that even when an analyst goes back into analysis little change seems to take place and ". . .characteriological repetition-compulsions are extremely refractory even to preliminary training-analyses."[17] The conclusion seems to be, as Karl Menninger

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[15] Ibid., p. 31.

[16] Little, op. cit., p. 38.

[17] Glover, op. cit., p. 107.

10 put it, that "a personal analysis, no matter how long or thorough, is never sufficient to eradicate all of one's blind spots or all of one's tendencies to find surreptitious satisfactions for infantile needs in other than realistic ways."[18]

The Negative Effect of the Ideal

Not only is it impossible to eliminate counter-transference as a hindrance to the therapeutic process, but to insist on the ideal way may make matters worse. The ideal of the perfectly analyzed analyst who is simply a mirror to reflect his patient's transferences may itself be a defense against the realistic understanding of the therapeutic situation. Little stated that

> . . .the fact of the patient's transference lends itself readily to avoidance by projection and rationalization, both mechanisms being characteristic of paranoia, and the myth of the impersonal, almost inhuman analyst who shows no feelings, is consistent with this attitude.[19]

Kernberg, in 1965, pointed out that the classic attitude towards the total elimination of counter-transference tended to make the analyst phobic toward his own emotional reactions to the patient. Because the analyst was supposed to have no counter-transference reactions, he tended to deny his realistic emotional involvement with his patient. This

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[18] Menninger, *op. cit.*, p. 89.

[19] Little, *op. cit.*, p. 33.

11 attitude itself then became a hindrance to effective analytic work. He indicated the importance of the emotional responses of the therapist toward his patient by remarking,

> When the analyst feels that his emotional reaction is an important technical instrument for understanding and helping the patient, the analyst feels freer to face his positive and negative emotions evoked in the transference situation, has less need to block his reactions and one can utilize them for his analytic work.[20]

Savage, a psychiatrist, believed that the denial of the existence of counter-transference is a theoretical misconception based upon an over-use of the medical model of disease. When the doctor treats a physical disorder, all the disease is in the patient. But especially when working with psychotic patients, the doctor cannot afford this comforting assumption. "Schizophrenia is a disordered relationship to which all parties must of necessity contribute."[21] Especially when working with psychotic patients, as will be seen later in the chapter, the therapist must allow himself at times to regress to primitive feelings and attitudes in order to communicate with his patient. William Reich pointed out the danger of the analyst's attempting to assume ". . . an unalive mummy-like attitude," in accordance with the

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[20] Kernberg, _op_. _cit_, p. 40.

[21] Charles Savage, "Counter-Transference in the Therapy of Schizophrenics," _Psychiatry_, XXIV (1951), 54.

12 ideal of denying counter-transference. He believed that this attitude on the part of the therapist would adversely affect the patient: ". . .under the circumstances, few patients can 'thaw out' and this leads to artificial unanalytic measures."[22] Fenichel agreed that the fear of counter-transference may lead an analyst to the suppression of his human qualities and spontaneous reaction to the patient, resulting in a detriment to the progress of the therapy. He concluded,

> The patient should always be able to rely upon the humanness of the analyst. The analyst is no more permitted to isolate analysis from life than is a patient who misuses lying on an analytic couch for the same purpose of isolation.[23]

Recent Expansion in the Meaning of Counter-Transference

With increasing experience, then, psychoanalysts came to recognize the inevitability of counter-transference reactions among even experienced analysts. Along with discouragement with the ideal of eliminating counter-transference came the realization that insistence upon this ideal might dampen the recognition of emotional responses of the therapist toward the patient and thereby hinder the therapeutic process in itself. This state of affirs was somewhat unfruitful for the development of the idea of counter-

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[22] Orr, op. cit., p. 650. [23] Ibid., p. 661.

13 transference. 'It is destructive, but you can't get rid of it and when you try too hard, that just makes things worse.' One way to deal with the problem was to expand the concept of counter-transference to include other reactions on the part of the therapist toward the patient which are conscious as well as unconscious, and neutral or helpful as well as destructive.

Various psychoanalytic writers extended the traditional meaning of counter-transference. The Balints expanded the term to include the individual techniques of the analyst as well as the idiosyncratic qualities of his personality.[24] They did not share Freud's fears that all of these special qualities of the analyst's personality would interfere with the therapeutic process. "Our patients, with very few exceptions, are able to adapt themselves to most of these individual atmospheres and to proceed with their own transference, almost undisturbed by the analyst's counter-transference."[25] Money-Kyrle, in 1956, characterized traditional and more recent attitudes toward counter-transference: "We used to think of it mainly as a personal disturbance to be analysed away in ourselves. We now also think of it as having its causes, and effects, in the patient and, therefore,

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[24] Orr, *op. cit.*, p. 650.

[25] *Ibid.*, p. 651.

14 as an indication of something to be analysed in him."[26] Otto Kernberg, writing in 1965, contrasted the 'classical' approach begun by Freud with the 'totalistic' modern idea of counter-transference as the ". . .total emotional reaction of the psychoanalyst to the patient in the treatment situation."[27] While Annie Reich limited counter-transference on the analyst's part to unconscious conflicts which may or may not have conscious manifestations, other writers used the term to include both conscious and unconscious attitudes.[28] Franz Alexander defined counter-transference as ". . .all of the attitudes of the doctor toward the patient." Ferenczi used the term to ". . .cover the positive, affectionate, loving, or sexual attitudes of the doctor towards the patient."[29] Paula Heimann defined counter-transference simply as ". . .all feelings which the analyst experiences towards his patient."[30] Cohen, in reviewing the literature in 1952 stated:

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[26] Money-Kyrle, op. cit., p. 361.

[27] Kernberg, op. cit., p. 38.

[28] Orr, op. cit., p. 653; Menninger, op. cit., p. 41.

[29] Cohen, op. cit., p. 232.

[30] Paula Heimann, "On Counter-transference," International Journal of Psychoanalysis, XXXI (1950), p. 81.

> 15 "In summary, then, we see that the recent studies on counter-transference have included in their concepts attitudes of the therapist which are both conscious and unconscious; attitudes which are responses both to the real and to the phantasied attributes of the patient; attitudes which are stimulated by sudden outbursts of affect on the part of the patient; attitudes which arise from responding to the patient as though he were some previously important person in the analyst's life; and attitudes which do not use the patient as a real object but rather as a tool, for the gratification of some unconscious need."[31]

II. DIFFERENTIATING COUNTER-TRANSFERENCE REACTIONS FROM HELPFUL EMOTIONAL RESPONSES

It is necessary to attempt to clear this taxonomic underbrush for the purposes of the dissertation. It was stated at the beginning of this chapter, that in light of the many different meanings of counter-transference assigned by various psychoanalysts, the term would be used here to indicate manifestations of unresolved neurotic conflicts aroused in the therapist by the patient's responses which are unconscious, i.e., hidden from the therapist, but which interfere with the therapist's attention to his patient's problems. A second term, emotional response, or emotional understanding, is used to indicate the therapist's ability to feel with his patient, to gain emotional insight about him and to have significant emotional contact with him.

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[31] Orr, op. cit., p. 656.

16 There are two different but related dimensions in these definitions, the dimension of conscious-unconscious, and the dimension of helpful-harmful. It is assumed by psychoanalytic writers that the professional training and identification of psychoanalysts is sufficient to prevent their gratuitously hating or willfully harming their patients. Therefore, it is assumed that a destructive counter-transference reaction is unconscious, i.e., hidden from the analyst, else he would take the necessary measures, e.g., transferring the patient to another analyst, to prevent its continuing occurrence. Finally, as noted in the preceding chapter, there is the assumption for the purposes of the dissertation, that feelings are conscious manifestations. They may be related to, or determined by instinctual aims, unconscious ideas, the character of the analyst, in fact, his whole personality structure, some aspects of which are known to him and some aspects hidden from him.

Maxwell Gitelson, in 1952, attempted to sort out the aspects of the personality structure of the analyst which interfere with the therapeutic process from those which are helpful to the therapeutic process. Those aspects which interfere include the following:

1) Post-analytic residuals such as a surviving identification with his own analyst.

2) Narcississtic power motives characterologically masked, such as the apparently benevolent wish to cure.
3) Unconscious instinctual aims which may have been analysed in relation to other objects but may nevertheless find refuge in the activity of analysing.
4) Surviving vestiges of the original conflicts which introduce into the analytic situation the possibility of exacerbations of anxiety in the analyst with the consequent appearance of the classical 'blind spots' or of acting out of defenses.
5) Current problems in the personal life of the analyst which have not yet been solved and integrated.

Offsetting such 'interfering factors,' we find in the qualified analyst:

1) Intellectually sublimated curiosity about the feelings and behavior of other people and about himself. It is recognized that there may be a thin boundary between this and unconscious scopophilia as an instinctual aim.
2) Object-attitudes including emphatic compassion which is distinguishable from sympathetic identification, and helpfulness which is distinguishable from omnipotence or masochism.
3) Finally, we expect to find in the qualified analyst an emotionally 'open' system of communication between the various aspects of his character and personality. There is a fluid process of checks and balances among his instinctual and defensive tendencies so that none is fully isolated, self-operating and self-sustaining. We assume such a person to be in a state of flexible rather than rigid equilibrium.[32]

Although stated in technical and condensed language, this classification has the virtue of listing the aspects of

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[32] Maxwell Gitelson, "The Emotional Position of the Analyst in the Psycho-analytic Situation," International Journal of Psychoanalysis, XXXIII (1952), 3.

18 personality structure, or presuppositions, in Polanyi's terms, on the basis of which one could expect either counter-transference reactions or helpful emotional responses.

D. W. Winnicott, in 1949, proposed one way of sorting out counter-transference phenomena. According to him, counter-transference includes:

> 1) Abnormality in countertransference feelings, and set relationships and identifications that are under repression in the analyst. The comments on this is that the analyst needs more analysis. . . .
> 2) The identifications and tendencies belonging to analyst's personal experiences and personal development which provide the positive setting for his analytic work and make his work different in quality from that of any other analyst.
> 3) From these two I distinguish the truly objective countertransference, or if this is difficult, the analyst's love and hate in reaction to the actual personality and behaviour of the patient, based on objective observation.[33]

Winnicott's comments about objective counter-transference need to be understood in the context of his convictions about working with psychotic patients. He believed that deeply regressed psychotic patients particularly need to be able to reach real emotions in the therapist if they are to know interpersonal reality as opposed to fantasy. Winnicott suggested that an analysis is not completed (although some analyses

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[33] D. W. Winnicott, "Hate in the Countertransference," Collected Papers (New York: Basic Books, Inc., 1958), p. 195.

19 cannot be) unless towards the end the therapist has communicated to the patient those ways in which the patient was in fact hated or unlovable as a result of his own attitudes toward the therapist. Winnicott insisted, "If the patient seeks objective or justified hate he must be able to reach it, else he cannot feel he can reach objective love."[34]

It has been indicated that since both counter-transference and helpful emotional responses depend upon the personality structure of the therapist, the line between them may be a thin one, and difficult to define. Annie Reich put the matter in this way: "Counter transference is a necessary prerequisite of analysis. If it does not exist, the necessary talent and interest is lacking. But it has to remain shadowy and in the background."[35] Counter-transference intrudes when the original conflict persists and "the analytic situation was used either for living out the underlying impulses or defending against them or for proving that no damage has occurred in consequence of them."[36] Richard D. Chessick, a psychotherapist, made the same point in a non-technical way when he observed that because of

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[34] Ibid., p. 199.

[35] Annie Reich, "On Countertransference," International Journal of Psychoanalysis, XXXII (1951), 31.

[36] Ibid.

20 anxiety, unanalysed narcissism, or other unmet needs in the therapist's own personality he is unable to empathize with or understand his patient. "The vision of the therapist is cut off so that he can experience only himself, his values and his needs when, in fact, he should be apprehending and evaluating the world which belongs to the patient."[37] How, then, does one distinguish between counter-transference and helpful emotional response? Following are descriptions of the helpful criteria found: the transient trial identification, the quantitative aspect, and whole and part reactions.

Transient Trial Identification

Robert Fliess has suggested the criterion of the "transient trial identification." Counter-transference proper comes about when the transient trial identification becomes a counter-identification. Fliess described the process of trial identification as follows:

> 1) the analyst is the object of the (patient's) striving; 2) he identifies with its subject, the patient; 3) he becomes this object himself; 4) he projects this striving, after he has 'tasted' it, back on to the patient and so finds himself in the possession of the inside knowledge of its nature, having thereby acquired the emotional basis for his interpretation. . . .In the first phase, in which he is the object of the striving of his patient, an instinctual response will be

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[37] Richard D. Chessick, "Empathy and Love in Psyc[illegible]therapy," American Journal of Psychotherapy, XIX (1965), 205.

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> stimulated in the analyst. This is called the 'counter-transference,' but it deserves this name only in the case of the further complication that such response repeats an infantile one and uses the patient as a substitute for its infantile object. The problem of what to do with this induced striving (in the analyst) becomes therefore identical with the problem of 'handling the counter-transference.'[38]

The sequence of this process is introjection of some aspect of the client, introspection of the feelings produced in the therapist, and then re-projection of the feelings back onto the client.

The term, identification, as used in 'transient trial identification' is a technical psychoanalytic term. Freud held that identification is the "prestage and consequently the regressive remnant of an object relation."[39] The model for identification is the incorporation by the infant of his parental objects. At the Oedipal stage when the child is forced to renounce the parental love objects, he identifies

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[38] Robert Fliess, "Counter-transference and Counter-Identification," Journal of the American Psychoanalytic Association, I (1953), 280. Fliess also offered a briefer description:

> He performs, thus, for a small fraction of time 'trial acting with smallest quantities of cathexis' in order to lay hold of a thought belonging to someone else, and produces, in the same 'smallest quantities' of affective processes in himself in order to experience someone else's feeling. (Ibid.)

[39] Ibid., p. 278.

22 with them by incorporating the 'lost objects.' This process then prepares him for mature object relationships. These internalized lost objects become

> . . .constituent elements of an ego if sufficiently organized, capable of maintaining an object relation while venturing upon trial identification. In the case of an insufficient organization they are constituent malformations of an ego, prone to reciprocate toward an object's identification with a counter identification disruptive of the object relation to be maintained.[40]

The shadowy boundary between the necessary analytic empathy and rapport and a counter-transference destructive to a therapeutic relationship depends, then, upon the flexibility of the trial identification. The transient trial identification may be seen as a ". . .form of regression in the service of the ego,"[41] which must be performed with the smallest quantities of emotional affect if it is not to verge upon a counter identification, disruptive of the object relationship of the therapist toward his patient.

The Quantitative Aspect

The quantitative intensity of the therapist's emotional involvement with his patient is important in differentiating helpful and destructive reactions. The same process of identification, according to Fliess, is the basis for both types. The criterion for differentiation is

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[40] *Ibid.*, pp. 280, 281. [41] Kernberg, *op. cit.*, p. 44.

23 whether these feelings are too intense to be handled within the context of a continuing object relationship and regress to a counter-identification. Paula Heimann, speaking of the analytic relationship in its entirety, stated that what distinguishes it from others ". . .is not the presence of feelings in one partner, the patient, and their absence in the other, the analyst, but the *degree* of feeling the analyst experiences and the *use* he makes of his feelings, these factors being interdependent."[42] Intensity of feelings determined by the quantity of libidinal investment determines the difference between analytic empathy and rapport and destructive counter-transference. "For most aspects of his work the experienced analyst has an emotional sensitivity which is extensive rather than intensive, differentiating and mobile, and his feelings are not experienced as a problem."[43] Heimann, both in this article and an earlier one, emphasized that the test of whether the feelings of the therapist towards his patient are too intense is whether he is able to sustain his feelings as a way of understanding the patient instead of discharging them towards his patient to the detriment of the analytic process. Heimann insisted that the purpose of the training analysis

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[42] Paula Heimann, "Counter-transference," *British Journal of Medical Psychology*, XXXIII (1960), 9.

[43] *Ibid.*, pp. 10, 12.

24 for the psychoanalyst is

> . . .to enable him to sustain the feelings which are stirred in him, as opposed to discharging them (as does the patient), in order to subordinate them to the analytic task in which he functions as the patient's mirror reflection.[44]

Little pointed out that the basis of empathy, (helpful emotional response) as well as sympathy, (harmful countertransference) is identification, and detachment which makes the difference between them.[45] This detachment is the result of the use of the ego function of reality testing and is helped by the factors of both time and distance. The analyst is distant from his patient's conflict because he is a separate person. What is immediate for the patient is temporally removed from the analyst by the time he hears it, so that he may reflect upon it.[46] Reich concluded that the ". . .process of identification and externalization is cathected with minimal amounts of energy and must have been proceeded by a far-reaching process of neutralization."[47]

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[44] Heimann, "On Countertransference," op. cit., p. 82.

[45] Little, op. cit., p. 35.

[46] Ibid.

[47] Annie Reich, "Further Remarks on Countertransference," International Journal of Psychoanalysis, XLIV (1960), p. 391.

25 ## Whole and Part Reactions

Maxwell Gitelson has distinguished between counter-identifications as transference reactions to the patient as a whole which are manifested early in the treatment and which may be acted out and rationalized as playing a fatherly or a motherly role with the patient, and counter-transference proper which appears later in the context of an established analytic situation. The counter-transference reactions are to partial aspects of the patient, either his transference, the material he brings to the sessions, or the reactions of the patient to the analyst as a person. While the analyst may embark upon emergency defense reactions against these, they can be turned to good use. Through self-analysis the analyst regains his objectivity where he can then utilize the counter-transference reaction by analysing the way in which the patient has exploited it.[48] The counter-identifications or transference reactions of the analyst to the patient which appear early in therapy are usually a counter indication to working with the particular patient and a sign that further analysis on the part of the analyst may be needed, because these reactions point to unresolved neurotic conflicts.

Gitelson stressed that counter-transference proper is

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[48] Gitelson, op. cit., pp. 6, 7.

26 not subject to willfull control, that is, the analyst cannot simply do away with it by willing not to feel certain feelings. Rather he must be sensitive to his own needs for self-analysis. If he does so he may find these reactions a useful part of the analytic procedure.

> To the extent to which the analyst is himself open to their analysis and integration, he is in a real sense a vital participant in the analysis with the patient. It is this which constitutes the analyst's real contact with the patient and which lets the patient feel that he is not alone.[49]

This is a very provocative idea which Gitelson does not explore. If it is the counter-transference responses which give the patient a feeling of contact with the therapist and lead the therapist to be a vital participant in the process, then their resolution, so that they do not intrude, would seem to make analysis less effective. The statement by Gitelson seems to confirm the confusion among analysts whether counter-transference should simply be resolved as far as possible or whether in some way it is a necessary and continuing part of the analytic process.

Counter-transference and Emotional Response with Psychotic Patients

The above description differentiating counter-trans-

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[49] *Ibid.*, p. 10.

27 ference and emotional response is adequate when working with neurotic patients. However in working with more deeply ill patients, the process does not operate with the same professional detachment. Winnicott, writing in a Symposium in the British Journal of Medical Psychology in 1960, called for "maintaining a professional attitude" on the part of the therapist. The purpose of the analysis of the psychoanalyst is simply to help him maintain his professional attitude, not to free him from neurosis, but to enable him to have a stable yet flexible defense organization. This professional attitude between the analyst and the patient consists of a distance brought about by the work the analyst does with his mind in analysing the productions of the patient.[50] Winnicott, who has done much work with schizophrenia, held that the same kind of professional distance recommended for working with neurotic patients is not appropriate with two kinds of patients; those who have an anti-social tendency, and those patients who need a regression. With both of these kinds of patients, more active and immediate emotional intervention with the patient is needed in order to meet his total needs.[51] Winnicott told, for example, of a delinquent boy

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[50] D. W. Winnicott, "Countertransference," British Journal of Medical Psychology, XXXIII (1960) 18, 19.

[51] Ibid., pp. 20-22.

28 who lived in his home for some months. After the boy became somewhat assured of Winnicott's love for him, he began testing this love by all sorts of delinquent behavior. When these situations arose, Winnicott would take the boy, tell him that he hated him for his behavior and set him firmly outside the house. It was understood that the boy could ring the door bell and be readmitted with no questions asked when he was under control again.

Margaret Little expressed a similar distinction in degree of emotional involvement when working with what she called patients "whose behavior is unpredictable." With these more deeply ill patients the analyst must at times trust his unconscious ego to relate appropriately to the patient's needs. Little told of a situation in which a patient who had much trouble controlling her violent impulses came in for a session and threatened to break one of the analyst's flower pots. The analyst replied that she would "just about kill" the patient if that happened. This reaction, when discussed, was helpful for the patient because it not only helped her to make contact with the feelings of the analyst, but it also confirmed the difference between an angry feeling and a murderous deed. Little, in commenting upon this case, remarked that if the analyst's own analysis has gone far enough he can trust the unconscious part of the

29 ego because it

> . . .does function as ego, albeit appearing in id fashion, sometimes; that it exerts some control over id impulses. . .and that it can be relied upon not only in this controlling way, but also through the carrying on of the analytic process within the analyst.[52]

The point of these remarks seems to be that with deeply regressed patients the analyst must allow his own ego to regress enough to make contact with the patient's even though this means forsaking the objective clinical detachment which is the ideal in working with neurotic patients. Kernberg pointed out that if the analyst can allow this regression to happen, it becomes "an important diagnostic tool, giving information on the degree of regression in the patient."[53] Kernberg also remarked that when dealing with severely regressed patients,

> . . .dedicated therapists of all levels of experience live through phases of almost masochistic submission to some of the patient's aggression, disproportionate doubts in their own capacity, and exaggerated fears of criticisms by third parties.[54]

Charles Savage's comment to the effect that schizophrenia is a disorderly relationship in which all parties must necessarily contribute, was referred to above. This suggests that with schizophrenic patients partly because of the non-verbal quality of the analytic relationship, the therapist must

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[52] *Ibid.*, pp. 20-22.

[53] Kernberg, *op. cit.*, p. 43.

[54] *Ibid.*, p. 50.

30 allow himself to regress far enough to be able to identify with the patient.[55]

Counter-transference in Jungian Thought

Since the term, counter-transference, was invented by Freud and developed through his followers in the psychoanalytic tradition, other schools of therapy may or may not refer to the same phenomenon in different terms. For the sake of clarity, this thesis has depended primarily upon the psychoanalytic understanding of this idea. However, it might be helpful at this point to refer briefly to the uses Jung and his followers make of the term. Fordham points out that Jung did not use the term very often. While Jung was evidently one of the first to insist upon training analyses because he believed that ". . .the therapeutic factor in psychotherapy was the personality of the analyst," after 1912 he had become primarily interested in ". . .studying the transpersonal unconscious. . . ," and the personal relationship between the therapist and the patient was only a vehicle for this transpersonal unconscious activity.[56] Jung mentioned the term twice in Volume 16 of the Collected Works, The Practice of

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[55] Savage, *op. cit.*, pp. 54-56.

[56] Michael Fordham, "Counter-transference," *British Journal of Medical Psychology*, XXXIII (1960), 1.

31 Psychotherapy: once in a footnote to protest against Freud that it is a "general, transpersonal social phenomenon," and therefore not limited to the analytic relationship. The second reference is to what Jung called the "Demon of sickness." This is a reference to the idea that ". . .a sufferer can transmit his disease to a healthy person whose powers subdue the demon." This evidently means that a patient's pathology may make contact with a readiness in the analyst for the same constellation of unconscious forces which then are communicated on an unconscious level to the analyst. The analyst finds himself reacting to the patient in terms of this same unconscious constellation. Hopefully, the analyst is able to bring this unconscious archetype to his own conscious awareness, understand it and communicate his understanding to the patient for therapeutic results.[57] Fordham summarized this idea by stating that ". . .giving a good interpretation is an expression of a syntonic interchange in which psychic contents pass unconsciously from the patient into the analyst."[58]

Fordham believed himself to have a similar position in regard to counter-transference as Heimann and Money-Kyrle who have been quoted above as representing the psychoanalytic

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[57] *Ibid.*, pp. 2-5.

[58] *Ibid.*, p. 5.

32 tradition. He would simply add that for Jungians or analytical psychologists, "it is necessary to add the absolute unconscious in which the boundary concept does not apply and the space-time frame of reference does not operate."[59] That is to say, there is an underlying continuum between the analyst and the patient which does not have to be explained by either verbal or non-verbal communications between the two separate individuals.

Ruth Strauss applied the Jungian position in practical terms to the question of counter-transference by pointing to the ambiguity of the analyst's position. He must both feel with his patient but occupy a separate position representing reality. "His dilemma is neither to lose awareness of the common ground nor to give up the position which constellates the opposite."[60] Strauss regarded counter-transference as operative in the following ways:

1) Counter-transference as operative from the first interview onwards.
2) Counter-transference as a means of meeting the patient's needs and expectations by the analyst, yet sustaining the ambiguous position which consists of
    a) the opposite position
    b) the common ground of patient and analyst

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[59] Ibid.

[60] Ruth Strauss, "On Counter-transference," British Journal of Medical Psychology, XXXIII (1960), 24.

33 3) counter-transference as a stumbling block illustrated by giving up one of the two positions with special regard to "siding with the patient."
4) the analyst's attitude to treating disturbances caused by counter-transference phenomena.[61]

Strauss suggested that Freudians seem to find it more difficult as a result of their training to feel with their patients while Jungians have particular difficulty in keeping the polarity between the patient and the analyst. She posited a somewhat more charitable attitude towards counter-transference disturbances than some Freudians quoted above, because she held that these so-called counter-transference mistakes are themselves part of the necessary unconscious interchange between analyst and therapist. "I would rather say that mistakes can be part of the analyst's total response to his patient's needs."[62]

This section on how to differentiate between counter-transference and emotional response may be concluded with Karl Menninger's wise and humane words. After warning that counter-transference can never be eliminated from the analysis and that therefore the analyst ought always to be somewhat tentative about his own conclusions, Menninger concluded: "Humility, modesty, and all those qualities opposite to

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[61] *Ibid.*, p. 26.

[62] *Ibid.*, pp. 25-26.

34 arrogance are not only becoming in an analyst--they are more than necessary as a part of his therapeutic equipment."[63]

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[63] Menninger, op. cit., p. 93.

CHAPTER V

THE PRESUPPOSITIONS OF THE PSYCHOTHERAPIST

The last chapter has indicated ways in which the emotional responses of the psychotherapist can be a source of insight and meaningful contact with his patient. These emotional responses depend upon the presuppositions of the therapist's own personality structure as it affects his ability to emotionally understand his patient. To include personality structure in Polanyi's list of the presuppositions of the investigator extends that list somewhat, since Polanyi tended to emphasize tacit or conscious commitments to an academic community and a general cultural heritage:

> Tacit assent and intellectual passions, the sharing of an idiom and of a cultural heritage, affiliation to a like-minded community: such are the impulses which shape our vision of the nature of things on which we rely for the mastery of things. No intelligence, however critical or original, can operate outside such a fiduciary framework."[1]

It is necessary, then, to list the presuppositions of the psychotherapist which guide his therapeutic endeavors with his patient. They include his personality structure as it affects his ability to emotionally understand his patient,

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[1] Michael Polanyi, Personal Knowledge: Towards a Post Critical Philosophy (New York: Harper Torchbooks, 1964), p. 266.

2 and his professional knowledge, skills, and identifications as they are brought to bear in the therapy. It will be seen in a later chapter, that for a pastoral counselor, at least, his beliefs and values form a third set of presuppositions.

This chapter will describe the presuppositions of the psychotherapist. Because the emotional responses of the therapist toward his patient are an important instrument of his investigation, the first presuppositions of the psychotherapist are his personality structure as it affects his ability to emotionally understand his patient. The professional knowledge, skills and identifications of the psychotherapist are then described as his second set of presuppositions. Finally, the place of these presuppositions in psychotherapy is described in more general terms, in consideration of the place of natural history and ancillary sciences in psychotherapy, and in the place of objectivity and love in psychotherapy. As these presuppositions are described, the necessity for appraising them according to Polanyi's ". . .dialectical combination of exploration and exegesis," is also discussed.[2]

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[2] *Ibid.*, p. 267.

I. THE EMOTIONAL RESPONSES OF THE THERAPIST AS AN INSTRUMENT OF HIS INVESTIGATION

In agreement with other writers, Chessick remarked that "those therapists who stress insight, use empathy primarily as a means of gaining knowledge of the inner experiences and the unconscious processes of the patient."[3]

Paula Heimann has made some of the clearest statements about the therapist's emotional understanding as an instrument of investigation. She stated that the "analyst's counter-transference is an instrument of research into the patient's unconscious."[4] Besides theoretical knowledge and the evenly-hovering attention, the analyst, according to Heimann,

> . . .needs a freely roused emotional sensibility so as to follow the patient's emotional movements and unconscious phantasies. Our basic assumption is that the analyst's unconscious understands that of his patient. This rapport on a deep level comes to the surface in the form of feelings which the analyst notices in response to his patient, in his counter-transference. This is the most dynamic way in which his patient's voice reaches him.[5]

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[3] Richard D. Chessick, "Empathy and Love in Psychotherapy," American Journal of Psychotherapy, XIX (1965), 210.

[4] Paula Heimann, "On Counter-transference," International Journal of Psychoanalysis, XXXI (1950), 81.

[5] Ibid., p. 82.

4 The analyst's emotional responses to his patient should be the appropriate result of the interplay between the analyst and the patient. Heimann stated in an extreme fashion,

> The analyst's counter-transference is not only part and parcel of the analytic relationship, but it is the patient's creation, it is a part of the patient's personality.[6]

This is the reason for the training analysis: not that the analyst should become a detached mirror to the patient but that he may be able to use his own emotional response as a key to understanding the patient's unconscious rather than playing the roles into which the patient attempts to cast him for the gratification of the therapist's own needs.[7]

These emotional responses involve a complex interrelationship between patient and analyst which through a series of reverberations between the two arrives at successive approximations to the reality of the personality of both the analyst and the patient. Margaret Little summarized this very important point in this way:

> For transference and counter-transference are not only syntheses by the patient and analyst acting separately, but like the analytic work as a whole, are the result of a joint effort. We often hear of the mirror which the analyst holds up to the patient, but the patient holds one up to the analyst too, and there is a whole series of reflections in each, repetitive in kind, and subject to continual modification. The mirror in each should

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[6] Ibid., p. 83.

[7] Ibid.

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> become progressively clearer as the analysis goes on, for patient and analyst respond to each other in a reverberative kind of way, and increasing clearness in one mirror will bring the need for a corresponding clearing in the other.[8]

Little stated here in a most concise way the complexity of the psychotherapeutic process in which two people both become known in the process of knowing, and knowers in the process of becoming known. This does not imply that the therapist does not have a great deal of objective theoretical knowledge about his patients on which to base the treatment, or that the therapist in some ways does not know a good deal more about the patient than the patient knows about the therapist. Nor does the statement imply that the therapist need reveal details about his personal life to the patient. But what this treatment does clearly say, and remarkably so coming from an orthodox Freudian, is that the process of knowing takes place only as the patient is willing to let himself be known and as the patient comes to know the therapist in a significant way. This brings Little to surprising agreement with Ruth Strauss who, writing as a Jungian analytical psychologist, stated that "the analyst sets out to induce a process of mutual interaction which as

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[8] Margaret Little, "Countertransference and the Patient's Response to It," *International Journal of Psychoanalysis*, XXXII (1951), 37.

6 mentioned before, the patient is not prepared to allow to happen at the initial stage."[9]

Communication Through the Unconscious

Many writers agree that this communication can take place between the unconscious of the patient and the unconscious of the analyst. Annie Reich stated that "this kind of insight into the patient's problem is achieved via the analyst's own unconscious. It is as if a partial and short-lived identification with the patient had taken place."[10] Theodore Reik in his book, Listening with the Third Ear, particularly stressed that the personality of the therapist is the receptive organ for the understanding of the patient's unconscious and encouraged the therapist to trust his own intuitive perceptions.[11] Michael Fordham has agreed with

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[9] Ruth Strauss, "On Counter-transference," British Journal of Medical Psychology, XXXIII (1960), 24.

[10] Annie Reich, "On Counter-transference," International Journal of Psychoanalysis, XXXII (1951), 25.

[11] D. W. Orr, "Transference and Counter-transference: A Historical Survey," Journal of American Psychoanalytic Association, II (1954), 666. Some therapists use terms such as 'empathy' or 'inner perception' to refer to the same process of emotional understanding. Fenichel defined empathy in this way, ". . .empathy consists of two acts: a) an identification with the other person, and b) an awareness of one's own feelings after the identification, and in this way an awareness of the object's feelings." (Chessick, op. cit., p. 206.) Theodore Reik referred to the

7 this in the context of Jungian thought as described above. In what he called the 'syntonic counter-transference' the ". . .unconscious acts as an 'organ of information', i.e., perceptual system, comparable to the receiving set of a wireless."[12] He noted that the analyst's ego is trained to lose control so that it may be receptive to these unconscious communications. While the conscious ego of the analyst cannot understand what is going on at particular points, the analyst's ego itself is understood by the self. The term, self, is Jungian terminology for the deeper unity which comprises both the conscious ego and the unconscious systems of the analyst. This unconscious communication cannot be manipulated by the analyst, but the analyst himself can only be receptive to the activity of the unconscious process.[13]

II. THE PERSONALITY STRUCTURE OF THE THERAPIST AS A PRESUPPOSITION OF HIS INVESTIGATION

When it is claimed that the emotional responses of the

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same process as inner-perception. "The observation of other people's suppressed and repressed impulses is only possible by the round about way of inner perception. In order to comprehend the unconscious of another person, we must, at least for a moment, change ourselves into and become that person. We only comprehend the spirit whom we resemble."(Ibid., p. 206.)

[12] Michael Fordham, "Counter-transference," _British Journal of Medical Psychology_, XXXIII (1960), 5.

[13] _Ibid_., p. 6.

8 therapist are clues or tools for his investigation of the inner life of the patient, this implies that it is the person of the therapist which is the presupposition of his investigation. It has been noted above that for the Jungian analytical psychologist the objective unconscious resonates in both patient and therapist and provides communication by using the vehicle of personal experiences in the therapist's own background. For Freudian psychoanalysts it is these personal experiences in the personal life of the therapist which are the basis of the counter-transference. Mable Blake Cohen put it this way,

> By recognizing some particular constellation of feeling in his response to the patient, understanding their roots and meaning in his own life, the therapist may extrapolate from his own experience to make a guess as to what the patient's experience has been in the past and is currently in the therapeutic relationship.[14]

Money-Kyrle has agreed that it is the analyst's own self which furnishes the basis for extrapolation to understand his patient's experience. The therapist relates toward his patient in a significant way as a parent toward a child. For a parent a child stands at least in part for an early aspect of the parent's self.

> For it is just because the analyst can recognize his early self, which has already been analysed, in the

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[14] Mable Blake Cohen, "Countertransference and Anxiety," Psychiatry, XV, No. 3 (August, 1952), 232.

> patient, that he can analyse the patient. His empathy and insight, as distinct from his theoretical knowledge, depend upon this kind of partial identification.[15]

Robert Fliess has claimed that the emotional response of the therapist is even more satisfactory than psychological testing for determining diagnosis because the therapist explicitly takes into account his own character structure as against the testing psychologist who may be tempted to mask this effect by the supposed objectivity of the psychological test.[16]

It is the analyst's own individual life experience which forms his character structure which is the basis for destructive counter-transference as well as emotional understanding. Glover's pessimism in regard to the changing of these basic character structures even by preliminary training analyses has been noted above. Yet these very peculiarities of the personality structure of the therapist are also what make him valuable as a therapist. Annie Reich noted that "interest in becoming an analyst is itself partially determined by unconscious motivation, such as curiosity about

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[15] R. E. Money-Kyrle, "Normal Counter-transference and Some of Its Deviations," International Journal of Psychoanalysis, XXXVII (1956), 360.

[16] Robert Fliess, "Counter-transference and Counter-identification," Journal of the American Psychoanalytic Association, I (1953), 283.

10 other people's secrets."[17] Other writers noted other unconscious reasons for becoming an analyst. Money-Kyrle believed that emotional understanding comes from ". . .the fusion of two other basic drives: the reparative, which counteracts the latent destructiveness in all of us, and the parental."[18] One of the most fascinating characteristics of the counter-transference is this fact that it is partially based upon individual neurotic conflicts which, only slightly modified, may be the basis for valuable understanding. Annie Reich summarized: "A slight shift of cathexis may transform an unconscious mechanism of the analyst from a living out of his own conflicts into a valuable sublimation."[19] Whether neurotic or sublimated, the analyst is stuck with his own character structure which is only partially amenable to change. But at least as important, it is this individual character structure which gives the analyst both the motivation and the means to be an analyst. And it is the richness of his own experience which makes possible the transient trial identifications with the patient and therefore the possibility of understanding him more accurately. It should be clear that

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[17] Cohen, *op. cit.*, p. 233.

[18] Money-Kyrle, *op. cit.*, p. 360.

[19] Reich, "On Countertransference," p. 29.

11 this realization that the analyst's own individual character structure is the necessary equipment for doing therapy gives no license for the therapist to act out his neurotic conflicts toward his patient. Paula Heimann summed up this careful interplay between the therapist's individual personality and his analytic training in this way:

> . . .the analyst's personality is important, since his skill (or should we say art?) is in most intricate and complex ways conditioned by it. That is why I said that the analyst's skill is *developed* by his training, not acquired. But only through *his* art is the analyst's personality to be expressed.[20]

It has been noted above at several points that perhaps the most important part of that training is the personal psychoanalysis of the trainee by another qualified analyst. It is through this long and at times painful process that the trainee becomes intimately acquainted with his own personality structure. As this experience is combined with close supervision of his beginning efforts as therapist, the trainee begins to learn to recognize his counter-transference in action in the therapeutic session. As he becomes more skilled, he begins to deal with his counter-transference by means of self-analysis, using the criteria discussed in the last chapter to recognize and deal with counter-transference

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[20] Paula Heimann, "Counter-transference," *British Journal of Medical Psychology*, XXXIII (1960), 13.

12 manifestations as they arise. But even for an experienced therapist, a return to analysis for a brief or extended period may be necessary to resolve certain counter-transference problems. But it should be clear from the thesis thus far that no mechanical technique by itself can resolve all counter-transference difficulties. This is why Glover was so pessimistic about the efficacy of training analyses and later returns to analysis to resolve counter-transference blocks. Ultimately every therapist after he has availed himself of all possible training aids, must, like Freud, push on into unknown territory, according to the degree of his courage, honesty, and regard for his patient. Winnicott summed it up in a profound but simple way: "Psychoanalytic research is perhaps always to some extent an attempt on the part of an analyst to carry the work of his own analysis further than the point to which his own analyst could get him."[21]

III. THE PROFESSIONAL PRESUPPOSITIONS OF THE THERAPIST

It will be recalled that Polanyi tended to emphasize the presuppositions which the investigator acquired in the course of his academic and professional apprenticeship. Jerome D. Frank, a psychiatrist, has written provocatively

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[21] D. W. Winnicott, Collected Papers (New York: Basic Books, Inc., 1958), p. 196.

13 about the therapist's professional affiliation and presuppositions as operative in the psychotherapeutic situation. When a patient comes to a psychotherapist expecting help, his expectancy ". . .may be strong enough to justify the term *faith*."[22] Just as the patient has an expectancy or a faith in the therapist so the therapist has a counter-faith, a faith both in the patient's capacity to benefit from his treatment and a faith in his own theory and method of treatment, that is, in his own professional identification. This is sometimes carried to questionable extremes as in the case of the young analyst who remarked, "Even if the patient doesn't improve you know you are doing the right thing."[23] Frank believed that in the field of psychotherapy which lacks the body of scientific knowledge which obtains, for example, in physiological medicine, therapists tend to rely for their own emotional security on their allegiance to a psychotherapeutic tradition. This allegiance is fostered by a long period of indoctrination and is operative as part of the therapist's faith.[24] Frank pointed out that the therapist, to be effective adheres to this consistent framework to which he is committed and that the ". . .therapy continues until the patient

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[22] Jerome D. Frank, "The Dynamics of Psycho-therapeutic Relationship," *Psychiatry*, XXII (1959), 18.

[23] *Ibid.*, p. 20.

[24] *Ibid.*

14 acknowledges these phenomena in himself and deals with them to the therapist's and his own satisfaction."[25] Frank quoted several studies which indicated that what happens to the patient in psychotherapy is influenced by what the therapist believes ought to happen. In other words, therapeutic process can be a kind of indoctrination. This lack of reflection on the therapist's own presuppositions may be harmful to the therapeutic process. Frank cautioned that until there is more research as to how the therapist transmits his expectations, "great caution is advisable in drawing conclusions as to the etiology of mental illness from patient's productions in therapy."[26] If this caution is not exercised, the therapist may assume that his patient's improvement is simply a confirmation of what he believed before the patient started therapy. It is clear that the dialectic of exploration and exegesis must include the presuppositions acquired by the therapist in the course of his professional training as well as the presuppositions of his personality structure acquired at least in part in early childhood. These professional commitments also need exegesis, but at the same time they are an essential part of the therapeutic process. For without the therapist's faith in his method and in his

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[25] *Ibid.*, p. 25.

[26] *Ibid.*, p. 39.

15 patient's capacity to benefit from the method the patient might not develop sufficient trust to become involved in the therapeutic relationship.

IV. THE PLACE OF PRESUPPOSITIONS IN PSYCHOTHERAPY

In the preceding section, the refinement of the emotional sensitivity of the therapist as developed by Freud and later psychoanalytic writers, has been related to the process of philosophical reflection, or the appraisal of one's own commitments, as understood in the thought of Michael Polanyi. The distinction between focal and subsidiary awareness, and the ability to take responsibility for and to appraise one's own implicit commitments, have especially been seen as an important aspect of methods of investigation generally, and especially of psychotherapeutic practice and research. At this point, a general description of the place of the presuppositions of the psychotherapist and the process of appraising those presuppositions will prepare the way for applying that process to pastoral counseling and the theological education of the pastoral counselor. Whitehead pointed out:

> . . .every method is a happy simplification. But only truths of a congenial type can be investigated by any one method, or stated in the terms dictated by the method. . . .Thus the criticism of a theory does not start from the question, true or false? It consists in noting its

> scope of useful application and its failure beyond that scope.[27]

What, then, are characteristics of those aspects of Freud's "productive idea," investigated in this dissertation?[28]

The Place of Natural History and Ancillary Sciences in Psychotherapy

The psychotherapist partially depends in his work upon a combination of natural history and ancillary sciences. This dependence can be summarized in the following way: In the psychiatric tradition, much attention has been paid to developing classification systems of various types of mental disorders. Based on the descriptive typologies brilliantly formalized by Emil Kraepelin in Germany and on clinical schools of descriptive medicine in France, the diagnostic categories are especially prominent in European psychiatry.[29] In this country, while dynamic formulations are more important, the psychiatrist also must essentially rely upon the official classification system of mental illnesses published by The American Psychiatric Association in The Diagnostic and

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[27] Alfred North Whitehead, Adventures of Ideas (New York: Macmillan, 1933), p. 222.

[28] Ludwig Binswanger, Being-in-the-World, trans. Jacob Needleman (New York: Basic Books, Inc., 1963), p. 150.

[29] American Handbook of Psychiatry, ed. Silvano Arieti (New York: Basic Books, Inc., 1959), I, 47.

17 Statistical Manual of Mental Disorders. Every psychotherapist must use these or other typologies, or classification systems in order to bring the accumulated skill of his science to bear on the conflicts of a particular person by fitting his conflicts into a diagnostic category. To judge, for example, that a certain person has a "compulsive personality," makes available to the therapist all that has been written about "compulsive personalities" in order to help the person with his conflicts. Now the construction and use of these taxonomic systems is called Natural History and is usually considered to belong to the most primitive stages in the development of a science. Ernst Nagel, for example, remarked that

> Methodologically, ordering as well as classificatory typologies belong, as a rule, to an early stage in the growth of a scientific discipline, a stage which is concerned with the development of a largely 'empirical' concept-system and with its use for description and for low-grade generalization.[30]

This low opinion of natural history perhaps expresses scientific ambition rather than scientific reality, since natural history plays a larger part in most sciences than is sometimes thought. Toulmin stated that it is

> . . .interesting to consider how far the aims of any particular science are explanatory and how far they are

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[30] Maurice Natanson (ed.), Philosophy of the Social Sciences: A Reader (New York: Random House, 1963), p. 216.

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> descriptive. Most of the sciences which are of practical importance, are logically speaking, a mixture of natural history and physics.[31]

But Polanyi pointed out that there is another reason why natural history is devalued--because it cannot be understood by the philosophy underlying the methods of natural science. "Knowledge that we hold to be true and also vital to us, is made light of, because we cannot account for its acceptance in terms of a critical philosophy."[32] The reason why natural history cannot be understood by the natural scientific method is because it essentially involves the artistic commitments of the classifier. The excellence and usefulness of the taxonomy depend upon the presuppositions of the observer and upon his ability to appraise these presuppositions or commitments, or to use another term of Polanyi, his passions, which lead him to study Natural History. Natural History ". . .relies on the passions which account for the importance which we attribute to a living being in itself; on its intrinsic interest, and on our contemplation of it as it _is_--and as it ought to be."[33] The importance of a set of diagnostic categories is influenced by the "passions" of the psychiatrist who constructed it, that is, upon his professional

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[31] Stephen Toulmin, _The Philosophy of Science_ (New York: Harper Torchbooks, 1960), p. 55.

[32] Polanyi, _op_. _cit_., p. 354.

[33] _Ibid_., p. 360.

19 commitments and emotional understanding as they are affected by his own personality structure and life experiences. This is all reflected in the quality of his "intrinsic interest" in persons, and ability to "contemplate them as they *are*--and as they ought to be."

In addition to Natural History, the psychotherapist also relies upon the findings of 'ancillary' sciences. This term comes from the historical method, where it refers to those sciences, ranging from economics and political science to archeology, the results of which the historian uses to aid him in his evaluation of historical materials, and in the writing of history. The psychotherapist also uses ancillary sciences, ranging from biology to parts of academic psychology itself, to aid him in evaluating the conflicts of his clients and in doing psychotherapy.

The most helpful way to understand the relation of psychotherapy to its ancillary sciences is in terms of Kurt Goldstein's distinction between 'central' and 'part' functions of the organism. A part function of an organism, such as the knee jerk reflex, also expresses central functions of the organism, such as attention. This is why it is necessary to inhibit the central function by having the subject attend to pulling his hands apart, in order that the knee jerk may be isolated and manifest. But studying these part functions, 20 which is the task of ancillary sciences using the natural scientific method, does not take the place of the study of the central functions.

> If this organism is a whole and each section of it functions normally within that whole, then in the analytic experiment, which isolates the sections as it studies them. . .cannot reveal the function of these parts in normal life.[33]

Therefore, the continuation of many experiments to get more facts does not necessarily add up to more knowledge about human beings. "Biological knowledge is not advanced by simply adding more and more individual facts. . . .In biology every fact always has a qualitative significance."[34] Goldstein differentiated between two procedures which are necessary for the increase of knowledge. One procedure is the analytical or scientific approach which is the study of part functions, and the other is the dialectical procedure used in clinical practice which involves the presuppositions of the therapist. He defined them and their relationship in this way:

> The scientific (analytic) approach remains the only one by means of which phenomena can be discovered in a systematic way. It is the only approach by means of which we can achieve that broad orbit of empirical data which renders it possible to discover which phenomena

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[33] Kurt Goldstein, Human Nature in the Light of Psychopathology (Cambridge, Massachusetts: Harvard University Press, 1951), p. 10.

[34] *Ibid.*, p. 30.

> 21 are relevant for the understanding of living beings and which are not.[35]

But equally necessary is the dialectical procedure:

> The biologist and the physician have to encroach upon the freedom of other human beings and they have to do this on the basis of their own decisions. All success depends ultimately upon their personal judgment and is a matter of their own responsibility.[36]

Psychotherapy, which uses the dialectical approach incorporates the analytic findings from the ancillary sciences into its central concerns. It is appropriate for the psychotherapist to use ancillary scientific findings about part functions in psychotherapy as long as he does not believe he can also regard the central functions of the client in the same way. The client himself is qualitatively different from a knee jerk, and should not be isolated and manipulated by the investigator in the same way.

> This disparity between the powers which the interpreting mind is confidently exercising in the very act of denying them to the subject interpreted by it, is justified, so long as the observer is concerned only with the automatic responses of his subject.[37]

However, the therapist is primarily concerned with central functions, because as Goldstein and Polanyi agree, "Mind is not the aggregate of its focally known manifestations, but is that on which we focus our attention while being

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[35] *Ibid*., p. 231. [36] *Ibid*.

[37] Polanyi, *op*. *cit*., p. 263.

22 subsidiarily aware of its manifestations."[38]

Another way to state the relationship between psychotherapy and its ancillary sciences is to follow Gordon Allport's use of Wilhelm Windelband's distinction between nomothetic and idiographic sciences. Natural science attempts to arrive at statements which are broadly applicable to many individual entities, paying attention only to the aspects of those entities which can be subsumed under general laws. Thus, natural science is a nomothetic discipline. But the therapist is primarily concerned about his client as an individual person, with conflicts which are unique to him even though many statements can be made about those conflicts which would also apply to other persons. This individual quality of the therapist's concern is idiographic, and therefore outside of the homothetic concerns of natural science. "Individuality cannot be studied by science, but only by history, art, or biography whose methods are not nomothetic (seeking universal laws) but idiographic." Psychology, according to Allport, has to "shuttle back and forth between the nomothetic and idiographic points of view."[39]

The nomothetic pursuits of the social scientist,

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[38] Ibid.

[39] Gordon W. Allport, Pattern and Growth in Personality (New York: Holt, Rinehart and Winston, Inc., 1961), pp. 8, 9.

23 according to Alfred Schutz, consist of constructing "homunculi" or actor-models, which represent simplified and idealized conceptualizations of response patterns.[40] "In such a simplified model of the social world pure rational acts, rational choices from rational motives are possible because all the difficulties encumbering the real actor in the everyday life-world have been eliminated."[41] These deterministic "homunculi" are very useful in predicting social interaction. As a nomothetic pursuit, the construction of these models is usually referred to as the province of science as against philosophy or the humanities.[42]

Nomothetic disciplines in the psychological and social sciences constitute the ancillary sciences which the psychotherapist puts to idiographic uses in working with an individual patient. This agrees with Allport's definition of psychology as "shuttling back and forth" between nomothetic and idiographic uses. The psychotherapist uses his nomothetic knowledge in whatever way is appropriate to his idiographic concern for his client. Maslow has put it this way: "The good therapist faces the task of putting his nomothetic

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[40] Natanson, *op*. *cit*., p. 340.

[41] *Ibid*., p. 341.

[42] *Ibid*., pp. 501, 502.

24 knowledge to idiographic uses."[43] This is a very different approach from considering the client to be an individual application of the therapist's nomothetic knowledge. Maslow insisted "understanding a person is the _sine qua non_ for therapy."[44] This distinction is important to this thesis, since it should be clear that emotional understanding can never primarily be a nomothetic study. While generalizations can be and have been made about counter-transference reactions, the 'reverberations approximating reality' between therapist and patient are always a very individual matter. Both the idiograph pole of the nomothetic-idiographic distinction and the pole of central function of the part-central function dichotomy, involve the personal decision of the therapist vis-a-vis his patient. It is at these points, then, that the appraising of the therapist's commitments, manifest in his emotional responses to his patient, becomes an essential part of psychotherapy and psychotherapeutic research.

The Place of Objectivity in Psychotherapy

The psychoanalyst through a 'transient trial identification' allows himself to be subjectively in the place of the other, and then by mentally stepping back and reflecting upon

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[43] Maslow, _op_. _cit_., p. 123 [44] _Ibid_.

25 the emotions aroused by this involvement, comes objectively to understand his patient. Polanyi has discussed the same movement by means of the distinction between focal and subsidiary awareness, and the distinction between exploration and exegesis. The psychotherapist does arrive at an objectivity, but an objectivity which necessarily involves radical subjectivity.

Erik Erikson stated that one of the basic principles of psychoanalysis is that ". . .*you will not see in another what you have not learned to recognize in yourself*. The mental healer must divide himself as well as the patient into an observer and an observed."[45] This implies that the objectivity resulting in psychotherapy is a much more complex affair than it is in natural scientific methods. In the natural sciences objectivity means that the observer must "get himself out of the way" so that the observations may not be contaminated by his personal presence.

This goal of the observer getting himself out of the way is at least conceivable in the physical sciences, because the observer, and that which he observes are two fairly distinct entities. But, as Carl Jung pointed out, there is no such archimedean point from which to judge the human psyche

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[45] Erikson, *Insight and Responsibility*, p. 29.

". . .since the psyche is indistinguishable from its manifestations."[46] If the psyche is both observer and observed at the same time, both for the therapist in dealing with his counter-transference and for the client in attempting to understand himself, then objectivity must have a more complex meaning than in the physical sciences, where the observer may separate himself from the observed.

As noted in Chapter II, the physical scientist has usually attempted to assume that these questions which are central to the work of the social scientist have been solved.

> Inter-subjectivity, interaction, inter-communication, and language are simply presupposed as the unclarified foundation of these theories. They assume, as it were, that the social scientist has already solved his fundamental problem before scientific inquiry starts.[47]

Alfred Schutz pointed out that these questions are much more complex than the physical scientist is apt to think. "Such an inter-subjective understanding between scientist B and scientist A occurs neither by scientist B's observation of scientist A's behavior, nor by introspection performed by B, nor by identification of B with A."[48] An example of the way in which the physical sciences methodologically ignore these

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[46] C. G. Jung, The Basic Writings of C. G. Jung, ed. Violet Staub De Laszlo (New York: The Modern Library, Division of Random House, 1959), II, 62.

[47] Natanson, *op. cit.*, p. 236. [48] *Ibid.*, p. 237.

27 central questions of the social scientist is Philip Frank's remark on the question of the origin of creative imagination in the scientist. "How do we get the principles in the first place? This is an extremely controversial point. . . for the analysis of science, however, the way in which we obtain general principles is not so relevant."[49]

When, however, this "selective inattention" of the physical sciences is also made the basis of a social science, such as behaviorism in psychology, a severe limitation of the social science results. Alfred Schutz insisted that

> The identification of experience with sensory observation in general and of the experience of overt action in particular. . .excludes several dimensions of social reality from all possible inquiry. Even an ideally defined behaviorism can, as has been pointed out for instance by G. H. Mead, merely explain the behavior of the observed, not of the observing behaviorist.[50]

Schutz went on to point out that "the same overt behavior (say a tribal pageant as it can be captured by the movie camera) may have an entirely different meaning to the performers."[51] In addition to overt behavior, the social scientist must also take into account such aspects of social reality as the negative refraining from action and beliefs

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[49] Philip Frank, Philosophy of Science (Englewood Cliffs, New Jersey: Prentice Hall, Inc., 1957), pp. 43, 44.

[50] Natanson, op. cit., p. 237.

[51] Ibid.

28 which are real in the minds of those observed but which escape sensory observation.[52] An example of this would be witchcraft.

When the further focus is made from social science in general to psychotherapy, and psychotherapeutic research, as indicated in the last chapter, the person of the observer is the indispensable instrument of his observation. Schutz made this point in relation to the Freudian catalogue of erogenous zones.

> This inventory tells us nothing of the relationships with fellowmen and with nature that define these cultural types, as long as we do not refer to the psychological significance of the mouth, the anus or the genital apparatus within our own experience, in order that we may see the different usages which different cultures make of them. . . .The catalogue presented to us is merely an invitation to imagine other techniques of the body starting from our own experience of it. The one which happens to be actualized in us is never reduced to the status of a simple possible among all others, since it is against the background of this privileged experience in which we become acquainted with the body as a 'structurizing' principle that the other possibles, however different they may be from our experience of our body, come into relief.[53]

All observations of the other are by analogy with my own understanding of reality which begins with my own experience of my own body.[54] And it is by subsidiary awareness of our

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[52] Ibid.

[53] Ibid., p. 490.

[54] Karl Heim, Christian Faith and Natural Science (New York: Harper Torchbooks, 1957), p. 87.

29 own body that we become aware of objects outside our body. As Polanyi pointed out, "our appreciation of the externality of objects lying outside our body, in contrast to parts of our own body, relies on our subsidiary awareness of processes within our body."[55]

This process, however, does not imply a chronological process by which we first become aware of our own intimate meanings, and then ask philosophical questions about the existence of others. On the contrary, we are as naively and accurately aware of the Other as we are of ourselves, and only later reflection makes us aware of the tenuousness of our knowledge.

> The social world is experienced from the outset as a meaningful one. The Other's body is not experienced as an organism but as a fellow-man, its overt behavior not as an occurrence in the space-time of the outer world, but as our fellow-man's action. We normally "know" what the Other does, for what reason he does it, why he does it at this particular time and in these particular circumstances.[56]

Man, then, naively understands his fellow men on the basis of the 'structurizing' principle of his own bodily experience. For this naive verstehen to reach the status of a scientific method, reflection on the presuppositions by which

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[55] Polanyi, op. cit., p. 59.

[56] Natanson, op. cit., p. 239.

30 he makes that intuitive connection must take place. Freud's recognition of the fact of infantile sexuality, as he first met this phenomenon in the accounts of his patients, and then understood it through his self-analysis is an example of this reflection. To make a scientific method of investigation out of this immediate understanding of the Other as a possible variation of one's own experience of one's own body as a 'structurizing principle' is to attempt to come to terms with all the distortions in this process. Psychoanalysts working with the counter-transference have attempted to do this. One should lose sight neither of the remarkability of this naive process, nor of the difficulty involved in reaching objectivity through it. On the one hand, Schutz reminded us that

> . . .since human beings are born of mothers and not concocted in retorts, the experience of the existence of other human beings and of the meaning of their actions is certainly the first and most original empirical observation man makes.[57]

On the other hand, Schutz indicated the difficulty of reaching objectivity through this process:

> . . .only fragmentarily, can I experience the other's motives, goals, etc. . . .construct typical patterns of the actor's motives and ends, even of attitudes and personalities of which their actual conduct is just an instance or an example.[58]

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[57] *Ibid*., p. 240.

[58] *Ibid*., p. 244.

31 Merleau-Ponty pointed out that objectivity is achieved through one's own historical situation rather than apart from it in what he termed the ". . .view of inter-subjectivity as being my own."[59] He characterized it in this way:

> If history envelopes us all it is up to us to understand that whatever we can have of truth is not to be obtained in spite of our historical situation, but because of it. . . .Through this situation I have become part of all action and all knowledge that can be meaningful for me, and that it contains, in gradually widening horizons, all that can *be* for me, then my contact with the social in the finitude of my situation reveals itself as the origin of all truth, including that of science; and since we have an idea of truth, since we are in the truth and cannot escape it, then the only thing left for us to do is to define a truth within the situation.[60]

In the very act of recognizing the historical finitude of our situation, and the dependence of any possible truth upon this historicity, the therapist exercises an act of transcendence in relation to this historicity. "Whenever I objectify myself, I am myself more than this object, namely I am that being which can thus objectify itself."[61] Thus objectivity in psychotherapy proceeds from reflection upon a radical subjectivity.

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[59] *Ibid*., p. 501.

[60] *Ibid*.

[61] Karl Jaspers, *Reason and Existenz*, trans. William Earle (New York: The Noonday Press, 1955), p. 73.

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The Place of Love in Psychotherapy

Erikson held that another of the basic principles of psychoanalysis is that ". . .*one can study the human mind only by engaging the fully motivated partnership of the observed individual, and by entering into a sincere contract with him*."[62] Erikson here stated, as he did in the quotation at the beginning of this chapter, that significant knowledge can only be gained about the other in the process of entering into a sincere and cooperative relationship with him. This approach differentiates some psychotherapeutic methods from many psychologies founded upon the experimental methods of the natural sciences. There the goal is to control the variables as completely as possible, in order that the experimenter may vary them in accordance with his own purposes. The fact that the subject may have purposes of his own can only be seen as a nuisance. Ford and Urban, commenting on the need for more experimental data in psychotherapy, admitted, for example, that "certainly ethical considerations seriously limit the kind of experimenting that can be done with helpless, unhappy patients."[63] This difference in

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[62] Erikson, *Insight and Responsibility*, p. 29.

[63] Donald H. Ford and Hugh B. Urban, *Systems of Psychotherapy--A Comparative Study* (New York: John Wiley and Sons, Inc., 1964), p. 105.

33 approach may be understood in the context of Goldstein's example of the knee jerk reflex. The academic psychologist can only attempt to neutralize or make allowance for the central function of attention in order to study the part function of the knee jerk. The patient's demands for attention to his central functions, for example, because he is in distress, can only be seen as a hindrance to the study of the part function. But the psychotherapist, who wishes to help his patient is essentially concerned with him as a whole person. In fact, Erikson pointed out that this attitude itself is healing. He remarked that the reason Freud abandoned the manipulative technique of hypnosis was precisely due to the recognition of this fact. "Perhaps, if he treated them like whole people, they would learn to realize the wholeness which was theirs. He now offered them a conscious and direct partnership. . . ."[64] But not only is this attitude more therapeutic, but also it leads to the gaining of knowledge about the mind that cannot be gained by manipulative techniques. It is efficacious as a method of scientific investigation precisely because it is more helpful as therapy.

It has been noted in Chapter II that the hypotheses the psychotherapist-researcher may arrive at as a result of

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[64] Erikson, Insight and Responsibility, p. 29.

34 the analysis of the counter-transference may then be tested either within or without the psychotherapeutic interview by any number of methods, including experimental ones. But the insights themselves come out of a cooperative relationship for the benefit of the client which may be termed a love relationship. This love relationship is efficacious for knowing and for healing. Attempting to reduce counter-transference distortions is essential in order to prevent love from becoming manipulation because of the unresolved neurotic conflicts of the therapist; to prevent the therapeutic situation from being used either for acting out neurotic conflicts ". . .or defending against them, or for proving that no damge has occurred in consequence of them."[65]

Several writers have suggested that psychologies which do not consider the counter-transference may succumb to a disruptive and unanalyzed counter-transference which substitutes manipulation for love. Gabriel Marcel has pointed to the many ways in which scientific methods can be used for destructively emotional purposes: "Every technique serves, or can be made to serve, some desire or some fear; conversely, every desire as every fear tends to invent its

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[65] Annie Reich, "On Countertransference," International Journal of Psychoanalysis, XXXII (1951), 31.

35 appropriate technique."[66] Perhaps the fear which perpetuates manipulative psychological methods is the fear of the emotional complexity of human relationships and a desire to escape from this complexity by substituting manipulative control for understanding. Erik Erikson presented this viewpoint very concisely:

> For in the use of reason there lies the eternal temptation to do with human data in experiment and argument what the child does with them in play: namely, to reduce them to a size and an order in which they seem manageable. Thus human data are treated as if the human being were an animal, or a machine, or a statistical item. Much naive sense of power can be derived from the fact that, properly approached, the human being up to a point is all of these things, and under certain conditions can be reduced to be nothing but their facsimilies. But the attempt to make man more exploitable by reducing him to a simpler model of himself cannot lead to an essentially human psychology.[67]

Carl Jung agreed that counter-transference may be the reason for the insistence on reductive psychological theories. "That is precisely why these reductive theories fit the essence of neurosis so beautifully--because they are of such great service to the doctor."[68] Abraham Maslow has suggested that novelty is an unavoidable aspect of a relationship of

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[66] Natanson, *op. cit.*, p. 377.

[67] Erik H. Erikson, *Childhood and Society* (New York: W. W. Norton and Company, Inc., 1950), pp. 374, 375.

[68] C. G. Jung, *Two Essays on Analytical Psychology*, trans. R. F. C. Hull (New York: Meridian Books, 1956), p. 179.

36 understanding between persons, and that counter-transference may operate to deny this novelty and its attendant anxiety: "I am convinced that much of what we now call psychology is the study of the tricks we use to avoid the anxiety of absolute novelty by making believe that the future will be like the past."[69] Rollo May agreed that in some instances, ". . . the technical dogma protects the psychologist and psychiatrist from their own anxiety."[70]

Several writers suggested that the specific counter-transference involved in mechanistic psychology is the desire to avoid the intimacy of cooperative interpersonal relationships by the substitution of manipulation and 'objective' control. Thomas Szasz suggested that this counter-transference is then rationalized as 'scientific investigation.'[71] Fairbairn believed that science tends to recruit schizoid personalities for its researchers who are afraid of working with human beings and would rather work with objects and mathematical formulae.[72] In psychoanalytic theory the

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[69] Abraham Maslow, Toward a Psychology of Being (Princeton, New Jersey: D. Van Nostrand Co., Inc., 1962), p. 15.

[70] Rollo May, et. al., Existence--A New Dimension in Psychiatry and Psychology (New York: Basic Books, 1958), p. xxi.

[71] Thomas S. Szasz, The Myth of Mental Illness (New York: The Medical Division of Harper and Brothers, 1961), p. 125.

[72] William Ronald Dodds Fairbairn, An Object Relations Theory of Personality (New York: Basic Books, 1954), p. 249.

37 avoidance of mature interpersonal relationships, and the substitution for them of manipulation and control, is the indication of a particular type of characteriological immaturity. Freud referred to this pattern as the "anal character" and observed that persons with "anal characters" were ". . .remarkable for a regular combination of the three following peculiarities: they are exceptionally *orderly*, *parsimonious*, and *obstinate*."[73] Norman O. Brown is a professor of classics at Wesleyan University who has written an important essay on the historical and cultural implications of psychoanalytic theory. He claimed that psychoanalysis implies a critique on the dominance of the anal character in scientific endeavor.

> What is being probed, and found to be in some sense morbid is not knowledge as such, but the unconscious schemata governing the pursuit of knowledge in modern civilization--specifically the aim of possession or mastery over objects (Freud), and the principle of economizing in the means (Ferenczi).[74]

The dominance of the anal character in science amounts to the attempt to make the partial human impulse to mastery and to economy the "tyrant organizers of the whole of human life."[75]

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[73] Sigmund Freud, *Collected Papers*, ed. Ernest Jones (New York: Basic Books, Inc., 1959), p. 45.

[74] Norman O. Brown, *Life Against Death--The Psychoanalytical Meaning of History* (New York: Vintage Books, 1959), p. 236.

[75] *Ibid*.

38 This partial impulse to mastery, then, becomes dominant over the more integrated, but complex and involving relationships of love and understanding as a means of both knowing and healing.

To summarize and to simplify somewhat Brown's argument, the tactics of the anal character lead to repression and agression.

> The primal act of the human ego is a negative one--not to accept reality, specifically, the separation of the child's body from the mother's body. . . .This negative posture blossoms into negation of self (repression) and negation of the environment (aggression).[76]

This cultural emphasis upon anal character traits encourages cumulative repression and negative sublimation in the direction of pure intelligence and high abstraction. "Abstraction, as Whitehead has taught us, is a denial of the living organ of experience, the living body as a whole."[77] The final result of this process is frustration of our total person, aggression, guilt--and death. "At the end of the road is pure intelligence, and, in the aphoristic formula of Ferenczi, 'Pure intelligence is a product of dying, or at least of becoming mentally insensitive.'"[78] Gabriel Marcel has confirmed Brown's thesis by pointing out that this abstractive anal thinking is a characteristic feature of our

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[76] _Ibid._, p. 160.

[77] _Ibid._, p. 172.

[78] _Ibid._, p. 173.

39 age in which man is identified with his functions. "It is therefore natural that the individual should be overhauled at regular intervals like a watch (this is often done in America)."[79]

In our age, then, a characteristic counter-transference is that of the anal character who rationalizes manipulation and control as 'objectivity'. Because this rationalized 'objectivity' is not recognized as a counter-transference problem, it is acted out by manipulative methods which insure distance between the investigator and the person he is investigating. The result of this 'objectivity' is very little objective knowing, which would depend upon a much more complex relationship of love and understanding. The result of this repression and negative sublimation masked as 'objectivity,' is not only a loss of actual knowing, but also damage to the client and to the therapist-'investigator.' Jouard, a psychotherapist, remarked that

> 'Behavioristic' approaches to counseling and psychotherapy rightly acknowledge man's susceptibility to manipulation by another man, but they ignore the possibly deleterious impact of such manipulation on the whole man. Moreover, the would-be manipulator of a man. . .may be doing violence, not only to his target, but *also to himself*.[80]

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[79] Natanson, *op*. *cit*., p. 365.

[80] Sidney M. Jouard, *The Transparent Self--Self Disclosure and Well-Being* (Princeton, New Jersey: D. Van Nostrand Company, Inc., 1964), p. 59.

40 The alternative to this kind of unexplored but acted out counter-transference, is the recognition and analysis of counter-transference, which allows the possibility of lifting the repression and negative sublimation, and the development of the emotional understanding of the therapist in order to allow a more 'full-bodied relationship of love and understanding to replace the more restricted relationship of control and manipulation. In order to substantiate this point the belief that the more restricted relationship of manipulation and control was truly objective was understood as the rationalization of the unexplored counter-transference of the anal character. In opposition to this rationalization Erikson pointed out that a sincere and cooperative partnership between therapist and patient is more efficacious for both knowing and healing. Norman Brown stated that the love of the patient for his therapist enables the truth to be disclosed against neurotic resistance; ". . .the coming into consciousness of the unconscious is itself a libidinal process, an act of love directed at the real person of the physician."[81] Thus a therapeutic relationship of cooperation and mutual respect, which this section has termed a love relationship, is preferable to a relationship of manipulation resulting from the unresolved counter-transference of the therapist.

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[81] Brown, op. cit., p. 146.

CHAPTER VI

ROLE DEFINITION AND VALUES IN PASTORAL COUNSELING

> I scarcely know which is worse, to have to depend upon a clergyman who has never come to close grips with the realities of human nature, or to be at the mercy of a physician who has no understanding of the spiritual needs and aspirations and of the nobler potentialities of mankind.[1]

I. THE DEPENDENCE OF PASTORAL THEOLOGY ON SECULAR THOUGHT

This chapter will indicate some of the ways in which the appraisal of the presuppositions of the psychotherapist can be applied to concerns of pastoral counseling. In order to do this, the precedent for relating the insights of secular science to pastoral theology must first be established. Then a definition of pastoral counseling will be given, and two current concerns in the field will be considered: the issue of the role definition of the pastoral counselor, and the place of values in pastoral counseling.

Throughout the history of Christianity the church has availed itself of the insights of secular thought in order to implement its practical concerns. Therefore, what

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[1] Anton T. Boisen, The Exploration of the Inner World--A Study of Mental Disorder and Religious Experience (New York: Harper Torchbooks, 1962), pp. 247, 248.

2 has been called practical or pastoral theology has always included an intimate interweaving of ideas from the surrounding culture. The Bible was not written for the purpose of describing human psychology, but for the primary concern of describing God's action.[2] But the life of the church has always included ideas that we would call psychological from our present perspective. George Albert Coe pointed out, "To dissect out the quasi-psychological elements in theology would require a survey of very nearly the whole history of Christian doctrine."[3] It is not only that the modern psychological sciences have invaded areas that used to be considered the province of theology, and forced us to make distinctions between these two disciplines where our fathers did not. It is also true that the church in all ages either knowingly or unknowingly borrowed from the surrounding culture those ideas about human nature which were congruent with its own life. These ideas were used not only theoretically in theology and anthropology, but practically in pastoral care.[4] To cite one of a multitude of examples,

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[2] G. Ernest Wright, The God Who Acts: Studies in Biblical Theology (London: SCM Press, 1951), p. 17.

[3] George Albert Coe, The Psychology of Religion (Chicago: University of Chicago Press, 1916), p. 3.

[4] William A. Clebsch and Charles R. Jaekle, Pastoral Care in Historical Perspective--An Essay with Exhibits (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1964).

3 John Chrysostom assumed a Stoic psychology as the anthropological basis for his preaching in this passage:

> In order to know that it is a good thing to exercise temperance, we need no words, nor instructions; for we ourselves have the knowledge of our nature. . . .We all acknowledge this with one consent, and no man is in doubt as to this virtue.[5]

The pastor as well as the preacher depended upon secular insights for the practical psychologies used in pastoral care. "In every historic epoch pastoring has utilized --and by utilizing has helped to advance and transform--the psychology or psychologies current in the epoch."[6] For example, Bishop Ambrose of Milan in 391 published a work on the duties of the clergy which, according to Paul Lehmann, is "a strange mixture of New Testament insights and the ascetic tradition of the 4th Century priest."[7] Ambrose spoke at one point about the way his clergy walk, suggesting that the attitude expressed in the gait is not in accord with the Christian ethic. He told one cleric ". . .never to go in front of me because he actually pained me by the seeming arrogance of his gait."[8] Clebsch and Jaekle conclude that,

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[5] *Ibid*., p. 20.

[6] *Ibid*.

[7] Paul Lehmann, *Ethics in a Christian Context* (New York: Harper and Row, 1963), p. 36.

[8] *Ibid*.

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> Those who would object that modern pastoral use of contemporaneous psychology betrays the Christian tradition are, in fact, themselves the innovators. Nowhere in history has Christianity adumbrated solely from its own law a distinct psychology, either theoretically or popularly understood.[9]

The Relation of Modern Psychology to Pastoral Care

This interpenetration of theology and secular psychology is equally true in more recent history in various traditions within Christianity as psychology has achieved the status of an independent modern science. Kenneth Kirk, a contemporary Anglican, writing in the tradition of catholic moral theology conceived that "the aim of moral theology is therefore to accumulate from every available source whatever information which will be of use to the priest for his task of shepherding individual souls."[10] He insisted that the "Christian search has no divinely-revealed psychology."[11] Therefore the church is free to use secular psychology and to incorporate it into its own life.

> In thus representing the Christian ideal as the perfection by super-natural assistance, of every natural endowment, rather than as obedience to a formulated code of law, the church has undoubtedly been true to the

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[9] Clebsch and Jaekle, op. cit., p. 69.

[10] Kenneth E. Kirk, Some Principles of Moral Theology (London: Longmans, Green and Co., 1957), p. 8.

[11] Ibid., p. 9.

> 5 apostolic conception that liberty, not law, is the essence of the Gospel.[12]

For churches in the tradition of the continental reformation the situation is more complex. Tillich has pointed out that

> The Protestant theologians. . .were suspicious of an analysis of human existence, they were not interested in the relativities and ambiguities of the human condition. On the contrary: they believed that such considerations would weaken the absolute No and Yes which characterizes the divine human relationship.[13]

Because of this, Protestant churches did not develop as rich a tradition of the interweaving of secular psychology and theology in pastoral care as did catholic churches. Wayne Oates, a Baptist, considered this a liability in present day pastoral care. "Protestants. . .do not adequately consolidate the communal wisdom of the centuries because of our antipathy to tradition. Therefore, we have accrued less capital in the form of proverbs, manuals of church discipline, canonical laws, etc."[14] This fact paradoxically and ironically makes protestant pastoral care more dependent upon current secular psychology. He concluded, "We have

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[12] Ibid., p. 43.

[13] Paul Tillich, The Courage To Be (New Haven: Yale University Press, 1957), p. 132.

[14] Wayne E. Oates, Protestant Pastoral Counseling (Philadelphia: Westminster Press, 1962), p. 11.

6 tended to draw theoretical presuppositions for pastoral counseling from the scientific sources that are extrinsic to, although not necessarily hostile to, the theology of the church."[15] Oates wished to go back within the tradition of the church itself as a source for the theory and practice of pastoral counseling.[16]

Protestants generally agree with catholics that theology does not take the place of secular science. Barth remarked,

> In reality theology does not find itself in possession of special keys for special doors! Neither has it at its disposal a basis for knowledge, which might not straightway be realized in every other science, nor is it aware of an objective area, which is necessarily hidden away from any other science whatsoever.[17]

To hold otherwise, according to Barth, is to despair of the world and is incompatible with Christian humility and hope. "Theology as a special science, like the 'theology' of public worship as the peculiarly Christian language, can only be justified as a relative necessity, necessary in practice."[18] Eduard Thurneysen, a colleague of Barth, held that pastoral care needs the insights of psychology about human nature.

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[15] Ibid.

[16] Ibid., p. 14.

[17] Karl Barth, Church Dogmatics: The Doctrine of the Word of God, I, Part I, trans. G. T. Thompson (Edinburgh: T. & T. Clark, 1960), p. 4.

[18] Ibid.

However, it must be critical of psychology's philosophical presuppositions which may clash with scriptural understandings of man.[19]

It might be said in conclusion that the interpenetration of Christian theology and secular psychology has been a two-way process in the history of the church. The tradition of the church has influenced secular thought, and secular thought has always been a strong influence on pastoral care and Christian anthropology. This process, while inevitable, has both its strengths and its weaknesses. Albert Outler pointed out that

> The Christian *cura animarum* has always had to depend, for its psychological categories, upon the prevailing doctrines of each particular age through which the church has passed. The psychological inadequacies which we can now so readily see in earlier ages are at least partially linked to the deficiencies in the secular psychologies which Christians borrowed and adapted to their uses in the service of humanity. The emergence of a new psychology is therefore, of major importance to Christian ministers and teachers for it inevitably affects their interpretation of human relations and, above all, their practical dealings with persons in psychic distress.[20]

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[19] Eduard Thurneysen, *A Theology of Pastoral Care*, Jack A. Worthington (tr.) (Richmond, Virginia: John Knox Press, 1962), p. 200.

[20] Albert C. Outler, *Psychotherapy and the Christian Message* (New York: Harper and Row, 1954), p. 18.

8 II. THE DEFINITION OF PASTORAL COUNSELING

Various attempts have been made to define the field of pastoral counseling. In 1956 a committee was appointed by the American Psychiatric Association to investigate what a pastoral counselor was and what he did.[21] After some years of study and discussion of this question the committee decided to let the church find its own answer. While there is continuing discussion of the nature of pastoral counseling the purposes of the thesis can be served by using the statement prepared by the new professional organization in the field. The American Association of Pastoral Counselors has defined pastoral counseling in these terms in their recent constitution:

> Pastoral counseling seeks to enhance the tradition of the care of souls by relating the resources of religion and the contributions of medical and behavioral sciences to the needs of persons. . . .The concern of this association is with those clergymen who do counseling as part of their pastoral ministry and with those clergymen who have acquired specialized training and experience and have become identified as specialists.[22]

This definition emphasizes two important points. First, the

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[21] Department of Ministry, Vocation and Pastoral Services, "A Summary Discussion of Actions Taken at the Study Consultation on Pastoral Counseling--Princeton, New Jersey, October 22-23, 1964." Mimeographed. (New York: National Council of the Churches of Christ in the U.S.A., 1964), p. 3.

[22] American Association of Pastoral Counselors Manual 1966-68, p. 1.

9 field is concerned with the interpenetration of theology and secular thought, "relating the resources of religion and the contribution of medical and behavioral sciences to the needs of persons. . . ." Second, while many pastoral counselors have acquired specialized training, and work in special institutional settings such as church counseling centers, the field also specifically includes "clergymen who do counseling as part of their pastoral ministry." The use of the term, pastoral counseling, in the thesis specifically includes these two emphases.

III. ROLE DEFINITION IN PASTORAL COUNSELING

Among current discussions in the field of pastoral counseling the first issue to be considered is the role definition of the pastoral counselor. Writers generally insist that the pastoral counselor has a unique function vis-a-vis psychotherapists and counselors from other professions, and that this uniqueness is defined by his religious commitment. But these writers are not very clear about what this means in specific terms.[23] Johnson stated:

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[23] According to a recent study ministers are seen for a variety of reasons:

> . . .help was sought for problems of marriage, parent-child relationships, other family relationships, as parents and in-laws, adjustment problems in the self, situational problems such as death or illness of a loved one, job or school problems, the choice of a vocation,

> Pastoral counseling is not to be a rival to other ways and means of healing among the professions of mental health. Each therapist has his own healing vocation to carry on. The pastor is called to fulfill the life of the spirit in the fellowship of a loving community.[24]

Moynihan, a Jesuit wrote: "The treatment of mental disorders is no more the function of the clergyman than is the area of spiritual health the province of psychiatry."[25] Paul Tillich expressed the role differentiation in this fashion, "The minister should not try to heal as his function, neither should the psychotherapist exercise pastoral care as his function."[26] According to his method of correlation, Tillich defined the unique function of the minister in this way: "Pastoral care helps to develop the questions to which the religious symbols are supposed to be the answer."[27] Gotthard Booth, a psychiatrist who believes the minister has a unique function, gave more practical advice to the pastoral counselor, particularly in regard to medical problems , where he

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or '. . .a lot of little things I can't remember.' (Paul E. Johnson, "The Spirit of Counseling," Pastoral Psychology, XV, No. 140 (January, 1964), 32.

[24] Ibid., p. 36.

[25] James F. Moynihan, "Pastoral Ministry and Mental Health," Pastoral Psychology, XIV, No. 134 (May, 1963), 32.

[26] Paul Tillich, "The Theology of Pastoral Care," Pastoral Psychology, X, No. 97 (October 1959), 22.

[27] Ibid., p. 24.

11 is to

> . . .make himself acquainted with the specific, concrete realities of a patient's life. . . .This procedure is more effective, and not necessarily more time consuming than a non-directive exchange of platitudes. It provides obviously also opportunity for pastoral comment. . . .If the minister tries to modernize his function by striving to become also a psychotherapist, he foregoes the unique advantage which his calling gives him in working side by side with the physician. . . .Because the minister does not need to occupy himself for the sick, he is free to strengthen what is healthy. By relating himself to the patient as one human being to another he brings the sick in closer contact with his religious resources.[28]

The question of role definition involves not only the relation of the pastoral counselor specialist to other mental health workers, but the relation of the counseling the parish minister does to his other professional functions. This question of role differentiation is often discussed on the level of sociological, or social psychological analysis, i.e., what is the social role of the pastoral counselor vis-a-vis the social rôle of the psychiatrist; or how is the social role of the pastoral counselor related to the social role of the preacher? This same question has also been discussed on the theological level, as in Tillich's statement, "The minister should not try to heal as his function, neither

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[28] Gotthard Booth, "The Role of the Minister in Healing," unpublished paper (New York: Department of Ministry, Vocations and Pastoral Services, National Council of the Churches of Christ in the U.S.A.), (Mimeographed.)

12 should the psychotherapist exercise pastoral care as his function."[29] While these two levels of analysis yield their own insights, the data of the emotional responses of the pastoral counselor has its own value, as well as offering data for the analyses of the other levels.

The pastoral counseling specialist or the parish minister in his counseling is investigating by means of his own emotional reaction the actual role in which his client or parishioner is attempting to cast him at any particular moment. His responses, then, will hopefully not be determined so much by some abstract sociological understanding of his role, or even by a preconceived theological definition of his function, as by a sensitive response to the actual momentary role perception of his therapeutic partner. The insights resulting from this kind of rich personal experience can add to the other two levels of analysis. But in addition, the counselor is apt to be of more help to his client or parishioner by this kind of sensitive understanding.

Howard J. Clinebell stated that training in Rogerian or non-directive counseling tended to introduce or reinforce a role strain between counseling and other ministerial functions in the work of the minister. "Training in non-directive

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[29] Paul Tillich, "The Theology of Pastoral Care," *op. cit.*, p. 22.

13 counseling theory has often tended to make him timid or guilty about his inescapable authority role. It has made him act at being a person that basically he is not."[30] In other words, the non-directive counselor may be taught to play a role, i.e., being 'non-directive', even though his emotional responses would suggest the need for more active intervention. Instead of being encouraged to develop a variety of appropriate responses on the basis of theoretical knowledge, skill, and emotional response, the counselor may be instead encouraged to act out a fixed role, i.e., to be "non-directive", and above all, not "authoritative."

This analysis can be illustrated from conversations with persons trained, or training under non-directive methods. A recent conversation with a seminary student in clinical training disclosed his neglect of a good deal of important information from his counselee about his perception of the student as a chaplain. The neglect was the result of the student's concentration on the supervisory guidance to "fulfill the chaplain's role" and to "lift up feelings" by non-directive reflections. He was preoccupied with the role he was to play at the expense of trying to understand his patient, and the role into which the patient was casting him. Certainly a student in summer clinical training is not expected to have highly developed skill as a counselor, but the point of the illustration is that the direction of the supervision may not have been as helpful as it might. Instead of describing a role for the student to play, supervision which takes into account the emotional responses of the counselor would have encouraged the student to try to understand the patient, including the roles into which the patient was attempting to cast the student. These role expectations on the part of the patient would have been a very valuable source of information about him.

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[30] Howard J. Clinebell, Jr., "Ego Psychology and Pastoral Counseling," Pastoral Psychology, XIV, No. 31 (February 1963), 36.

Later in training as the student gains confidence and experience as a counselor, he would be encouraged to pay attention to his own emotional reactions to the patient as a most valuable source of information about the patient and the way he relates to the counselor, and by implication, to important people in his life. If the student is willing to pay attention to this kind of information, he will make contact with the religious ideas and feelings of his patient at a much deeper level, because he will experience them being acted out in relation to himself as a chaplain.

Freud described the repetition-compulsion whereby the patient acts out his conflicts in relation to the person of

15 the therapist instead of remembering them. The therapist brings these conflicts to conscious awareness so that they may be understood and resolved. In the same way the patient of the clinical trainee acted out in relation to the student some of his religious conflicts, thereby inviting him to bring them to conscious awareness and exploration. Analyzing the counter-transference in supervision enables the student to understand his own emotional reactions as a way of understanding the patient rather than acting out his own conflicts, religious or otherwise, according to a stereotyped understanding of what it means to be a chaplain or pastoral counselor.

The significance of this illustration is that questions of role definition, which may seem quite difficult in the abstract, at least partially resolve themselves when considered more concretely as aspects of the counseling process, illumined by the emotional responses of the counselor. It seems quite complex to decide, for example, how the counseling role of the minister relates to his preaching role. It may be profitably analyzed at the theological and sociological level. But in the actual counseling situation, the counselor will be most helpful by attempting to understand from the counselee's words, and from his own emotional reactions, the role into which the counselee is momentarily

16 casting him, and thereby acting out his religious and emotional conflicts. The counselor can use these insights to help his counselee clarify and hopefully resolve these conflicts. This personal analysis does not take the place of sociological analyses of role definition, considering such areas as training, legal status, or public perception of the role of the pastoral counselor in relation to other clergy or psychotherapists, which is outside the concern of the thesis. But it is a valuable addition to those studies. Nor has this section attempted to clarify the relation between "religious conflicts" and "emotional conflicts," as those terms were used in the illustration. That matter will be dealt with later in the chapter.

But in a time when so much attention is being paid to the question of the relevancy of the minister's task in today's world, the dimension of emotional response offers a way for the minister to listen more closely, and understand more deeply, what his parishioner is attempting to communicate. If he understands his parishioner better, the chances are that his responses will be more relevant. The question of the relevancy of the minister's task in our time is a very large and complex one. But it partially resolves itself, in particular situations, to the question of the sensitivity of one minister to one, or a small group of

17 of parishioners. And the insights gained in attempting to communicate in these situations may be useful data to bring to bear in discussing the macrocosmic question.

"Helping" as a Counter-transference Problem

Another way to apply the dimension of counter-transference to the problem of role definition is to discuss typical counter-transference problems in a particular role. Some social roles attract, or expect certain kinds of emotional attitudes and behavioral responses which tend to aggravate counter-transference difficulties. These difficulties may be masked by rationalizations which make them more complex to analyze. An example would be the motivation of "helping people," which is both an attraction of, and an expectation of the ministerial role as well as other roles in the mental health field. Edward K. Strong, Jr. defines the occupational interest group within which the ministry falls in the Strong Vocational Interest Test as those occupations concerned ". . .with handling people for their presumed good."[31] May this worthy goal of "handling people for their presumed good" at times be a rationalization for certain counter-transference difficulties?

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[31] Edward K. Strong, Jr., *Vocational Interests of Men and Women* (Stanford, California: Stanford University Press, 1943), p. 160.

18 Several investigators have described the conscious and unconscious complexities of the psychology of 'helping' people. Tamara Dembo and others did a pioneering study of the attitudes of normal persons who worked with physically handicapped persons. One of the conclusions of the study was that the normal persons *expected* the handicapped to be depressed and despairing about their disabilities. When the disabled persons did not manifest this depression, but instead went about their lives on the same basis as the non-disabled, and furthermore, insisted on being treated as equals by the non-disabled, the non-disabled became quite threatened by their attitude. The reason for this, according to Dembo, is that most people are unconsciously insecure about their own bodies. They are quite threatened when a disabled person refuses to regard himself as "crippled," thus challenging the non-disabled person's shaky confidence in the "superiority" of his own body.[32] One of the possible results of this kind of counter-transference reaction is the establishment of a neurotic dyad in which the 'helper' confirms his own omnipotence and covers his feelings of worthlessness by 'helping', i.e., rendering 'helpless' the 'sick'

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[32] Tamara Dembo, *et. al.*, "Adjustment to Misfortune--A Problem of Social-Psychological Rehabilitation," *Journal of Artificial Limbs*, II, No. 2 (1956), 4-62.

19 or 'sinning' person, who is indulged in his immaturity at the cost of remaining permanently submissive to the 'helper.' Thomas Szasz, a psychiatrist, has pointed out that both medical ethics and religious ethics may offer encouragement for this neurotic pattern. "Much of what passes for medical ethics is a set of rules the net effect of which is the persistent infantilization and subjection of the patient."[33] Szasz would go further and suggest that Christianity, as actually practiced in the life of the church, at times implicitly encourages this neurotic pattern in which the parishioner is exhorted to live up to very high standards and then is relieved of his guilt for failure to do so by the ministrations of the priest. The hidden cost of the priest's absolution is a permanent dependence on his powerful 'help,' because the parishioner must keep coming back every time he 'sins' by not upholding the standard. This state of affairs has led Szasz to state that "Jewish and Christian religious teachings abound in rules that reward sickness, malingering, poverty, fearfulness. . . ."[34] The most helpful way to deal with this extreme charge is not to insist that this is a misunderstanding of medical or

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[33] Thomas S. Szasz, *The Myth of Mental Illness* (New York: Medical Division of Harper and Brothers, 1961), p. 188.

[34] *Ibid.*, p. 192.

20 Christian ethics, but to recognize that the dimension of the counter-transference is being discussed. It is always appropriate for a minister or pastoral counselor to explore to what extent, in his actual work, he may be defending against his own conflicts by manipulating his parishioners under the guise of 'helping' them, rhather than allowing their growth to true freedom and maturity.

A variation on the counter-transference problem rationalized as 'helping' others is what Karl Menninger has referred to as the compulsion, or need to cure. In this variation, the 'helper' covers his helplessness or own destructiveness by an omnipotent compulsion to 'cure' all his patients or parishioners. Karl Menninger quoted with approval another psychiatrist who stated:

> This need to cure is seldom, if ever, a sublimation; it is nearly always a reaction-formation against underlying destructive needs and wishes, and this is why the need to cure is so dangerous within psychiatry. . . .We need, therefore, doctors who, besides accepting their traditional role, are able to accept and be at ease with their omnipotent fantasies; to take over ill patients in a supportive and expectant way, content to provide them with simple things; and to help them to find a solution to their illness in whatever way they are able to go. We must have doctors who can allow patients to be ill.[35]

For the minister, as for the psychiatrist, the need to help people as the compulsion to cure, may be at times a

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[35] Karl Menninger, *The Theory of Psychoanalytic Technique* (New York: Basic Books, Inc., 1961), p. 305.

21 a rationalization for counter-transference difficulties. Money-Kyrle was quoted in Chapter IV that the reparative and the parental motivations were the most important ones in leading persons to be psychoanalysts. It should be no secret that similar motivations often operate in the choice of the ministry as a vocation. The desire to give to others what one did not receive in sufficient quantity oneself may furnish the motivation for a fruitful and productive ministry. But the analysis of this kind of counter-transference may be important to minimize its destructive potential so that the minister may not need to live out the underlying conflicts at the expense of his parishioner, or unduly defend against them at the cost of his sensitivity, or try to prove that no damage has occurred in consequence of them. Allen Wheelis, a psychoanalyst, has suggested that common to such vocations as psychoanalysis or the ministry is the need to enter into intimate and costly interpersonal relationships in the desire to help others find fulfillment that is problematical for themselves.

> Living out their years in a climate of hatred and dependence and torment, they nevertheless maintain that the life of man has meaning, can be understood, and that his suffering is in part remediable. Though perhaps always slightly out of reach for themselves, they believe love and closeness to be achievable.[36]

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[36] Allen Wheelis, *The Quest for Identity* (New York: W. W. Norton, 1958), p. 246.

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IV. VALUES IN PASTORAL COUNSELING

Related to the question of role differentiation in pastoral counseling is the question of the relation of the technical skills of the pastoral counselor to his underlying philosophy. Albert Outler has suggested that there is a secular humanistic philosophy or secular faith implicit in secular psychotherapy which must be sorted out if the practical insights are to be used by the pastoral counselor. Outler saw a practical harmony, but a philosophical incongruence between pastoral care and secular psychotherapy:

> I wish to suggest that while the practical wisdom of psychotherapy is a valid resource for the Christian care of souls, its humanist and naturalist perspective must be rejected. . . .The Christian must stand firm on Christian ground, and not be overly impressed with claims that the faith of psychotherapy has the same scientific authority as its clinical axiom.[37]

However, if the scientific faith is discarded:

> I believe that, first of all, it would be discovered that psychotherapy can be as rigorously and unswervingly scientific when undertaken in a Christian context as it ever has been in the secularist world view. The Christian context of psychotherapy would add new dimensions to the relation between therapist and patient which would deeply affect the basic attitudes of both to each other and to themselves. . . .The psychotherapist working in a Christian perspective would be able to understand and reinterpret the religious and ethical aspects of his patient's problems as a secularist never can. . . .The Christian therapist would understand the level beyond

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[37] Albert C. Outler, Psychotherapy and the Christian Message (New York: Harper and Row, 1954), p. 45.

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> therapy had still to be traversed and he would know the resources of authentic faith and worship to help men who had come to recognize their deeper need.[38]

There seems to be a sort of spatial model in Outler's suggestion. 'Underlying' the clinical techniques, which would be mostly the same for the pastoral counselor and the secular psychotherapist, are philosophical perspectives, or 'faiths' which are quite different. Outler recommended that the pastoral counselor adopt secular clinical techniques, but 'slide' the Christian faith underneath them so that he can deal with the 'deeper needs' of his parishioners. In place of Outler's vertical model of the relationship of values to clinical insights, Erik Erikson has suggested a kind of horizontal relationship between the empirical truths of psychology and theological truth, "what feels true." Psychoanalysis, according to him, is on the borderline between these two kinds of truths.

> Psychology endeavors to establish what is demonstrably true in human behavior, including such behavior as expresses what to human beings seems true and feels true. . . .Religion, on the other hand, elaborates on what feels profoundly true even though it is not demonstrable; it translates into significant words, images, and codes the exceeding darkness beyond all desert or comprehension. . .psychoanalysis for historical reasons often occupies a position on the borderline of what is

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[38] *Ibid.*, p. 139

> demonstrably true and of what demonstrably feels true.[39]

These different spatial metaphors indicate that the question of the place of value commitments in the work of the pastoral counselor and the relation of these commitments to his technical training is a complex one. Perhaps the dimension of the emotional responses of the counselor to his client can help illuminate this problem.

Psychotherapy and Values

To what extent, if at all, do the empirical clinical insights of psychotherapy yield a set of values, scientifically established? The answer seems to be that this question is confusingly stated, and that an ethical ought cannot be established on the basis of a description of what is the case. Ayer has stated that there is a logical gap between description and prescription; therefore values cannot be deduced from an empirical description of what is. "It is a mistake on their part to suppose that a mere description of reality is sufficient to establish any rule of life at all."[40] If one wishes to establish the validity of an

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[39] Erik H. Erikson, Young Man Luther--A Study in Psychoanalysis and History (New York: W. W. Norton and Col, Inc., 1958), pp. 21, 22.

[40] A. J. Ayer, "The Claims of Philosophy," Philosophy of the Social Sciences: A Reader, ed. Maurice Natanson (New York: Random House, 1963), p. 479.

25 ethical or moral principle, or ask the question, "What is the good,"

> The form of answer is not a proposition, which must be either true or false, but the adoption of a rule, which cannot properly be characterized as either true or false, but can nevertheless be judged as more or less acceptable. And with this the problem is solved, so far as reasoning can solve it. The rest is a matter of personal decision and ultimately of action.[41]

The conclusion from this is that scientifically established data from psychotherapy can increase our knowledge about human beings, but cannot establish what the value commitments of men should be. Possibly, however, they could be of help in furnishing data for judging which values are "more or less acceptable."

Max Weber has furthered the discussion of the limits of science in relation to values. For Weber, science can contribute in three ways to "practical and personal life."[42] It contributes technology; methods of thinking to help us reach our goals; and finally, it helps us gain clarity by investigating the means we must use to gain our ultimate ends, and the consequences of those means.[43] Weber made this

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[41] Ibid., p. 475.

[42] H.H. Gerth and C. Wright (eds.), From Max Weber: Essays in Sociology (New York: Oxford University Press Galaxy Book, 1958), p. 150.

[43] Ibid., pp. 150, 151.

26 point in the context of the duties of the teacher of science.

> If you take such and such a stand, then, according to scientific experience, you have to use such and such a *means* in order to carry out your conviction practically. Now, these means are perhaps such that you believe you must reject them. . . .Does the end 'justify' the means? Or, does it not? The teacher can confront you with the necessity of this choice. He cannot do more, so long as he wishes to remain a teacher and not become a demagogue. He can, of course, also tell you that if you want such and such an end, then you must take into the bargain the subsidiary consequences which according to all experience will occur.[44]

Science cannot prescribe our ultimate values, but it can describe the practical consequences of these ultimate values. Scientific knowledge can be used as a way of confronting the holder of a value with the meaning of his value in practical experience. Weber saw this as the profound vocation of the social scientist, both for himself, and for others.

> If we are competent in our pursuit. . .we can force the individual, or at least we can help him, to give himself an *account of the ultimate meaning of his own* conduct. This appears to me as not so trifling a thing to do, even for one's own personal life.[45]

The psychotherapist has a similar vocation. He cannot prescribe for his patient what his commitments ought to be, but he can confront him with the expected consequences of those commitments on the basis of his scientific knowledge. Further, what can be done for an individual client can be

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[44] *Ibid.*, p. 151.

[45] *Ibid.*, p. 152.

27 done for persons generally. Using scientific methods, the psychotherapist-researcher can establish general statements about the predicted consequences of certain value commitments. These statements are then available for the information of people generally.

Freud would have agreed that clinical insights cannot establish what value commitments ought to be, but only establish the predictable consequences of commitments people hold. An important part of psychotherapeutic technique consists of pointing out to persons what the consequences of their actions probably will be, as Freud noted when he made this modest claim for the benefits of psychoanalytic insights.

> What would these people have to do if their flight into illness were barred by the indiscreet revelations of psychoanalysis? They would have to be honest, own up to the instincts that are at work in them, face the conflict, fight for what they want or go without, and the tolerance from the community which is bound to ensue as a result of psychoanalytical knowledge would help them in their task.[46]

This description of the purpose of psychotherapy is very close to Karl Jasper's concept of "existential clarification" (Existenzerhellung), developed when Jaspers moved from psychiatry to philosophy.[47] Existential clarification is

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[46] Ernest Jones (ed.), Sigmund Freud--Collected Papers, Vol. II, Authorized translation under the supervision of Joan Riviere (New York: Basic Books, Inc., 1959), p. 294.

> . . .an outline of the potentialities of the soul which holds a mirror up to man to show him what he can be, what he can achieve and how far he can go; such insights are meant as an appeal to freedom, to let me choose in my inner action what I really want.[48]

Kierkegaard and Jaspers both refer with approval to Lichtenberg's epigram about such mirrors, ". . .if an ape peeks in, no apostle will look out."[49] Binswanger defined the psychotherapeutic goal in this way:

> What we call psychotherapy is basically no more than an attempt to bring the patient to the point where he can 'see' the manner in which the totality of human existence or 'being-in-the-world' is structured and to see at which of its junctures he has overreached himself.[50]

Along the way of this discussion, an implicit value commitment seemingly has entered into the description of the goals of psychotherapy. The commitment is that it is a good thing for a person to be 'forced' or helped ". . .to give himself an account of the ultimate meaning of his own conduct." Freud conceptualized this goal of self-awareness and

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[47] Gotthard Booth, "Values in Nature and Psychotherapy," Copyright 1963 by the American Medical Association. Reprinted from the Archives of General Psychiatry, 8:31.

[48] Karl Jaspers, "Existenzphilosophie," Existentialism from Dostoevsky to Sartre, ed. Walter Kaufmann (Cleveland, Ohio: Meridian Books, 1956), p. 133.

[49] Karl Jaspers, Reason and Existenz, trans. William Earle (New York: The Noonday Press, 1955), p. 28.

[50] Ludwig Binswanger, Being-in-the-World, trans. Jacob Needleman (New York: Basic Books, Inc., 1963), p. 348.

29 self-responsibility in psychoanalysis as the growth of the ego. "Where Id is, there ego shall be. It is reclamation work, like draining the Zeider Zee."[51] But this value may be characterized more simply as self-awareness through honesty. Freud once said, "To be completely honest with oneself is the very best effort a human being can make."[52] It is by means of honesty that one replaces realistic awareness of reality for wish-fulfillment, or ego for id. Rieff remarked that for Freud, ". . .man's chief moral deficiency appears to be not his indiscretions but his reticence."[53] The purpose of honesty is to increase self-knowledge. Szasz stated that the chief psychoanalytical ethical value ". . .is that knowledge and especially self-knowledge is good."[54] Hartmann summarized the expected results of the commitment to self-knowledge through honesty as a

> . . .relaxed attitude toward sexual behavior, . . .a high value placed on facing and acceptance of inner and outer reality, on intellectual integrity, and on self-knowledge.[55]

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[51] **Repeated searches of the literature have failed to discover the source of this well known aphorism.**

[52] Abraham H. Maslow, Toward a Psychology of Being (Princeton, New Jersey: D. Van Nostrand Co., Inc., 1962), p.57.

[53] Philip Rieff, Freud: The Mind of the Moralist (Garden City, New York: Doubleday and Company, 1961), p. 347.

[54] Thomas S. Szasz, The Myth of Mental Illness (New York: The Medical Division of Harper and Brothers, 1961), pp. 274, 275.

[55] Heinz Hartmann, Psychoanalysis and Moral Values (New York: International Universities Press, 1960), pp. 88, 89.

30 Honesty is encouraged not only toward the self, but toward the other. Szasz has suggested that neurosis can be seen as deceit. "The purpose of neurotic behavior is to control the other person by a set of manipulative gestures, in fear of risking an unknown and free response from the other by simply being honest."[56] Sidney Jouard, a psychologist, agreed that emotional conflicts and mental illness are the result of the fear of disclosing oneself to another person. Persons ". . .only become well and stay relatively well when they come to know themselves through self-disclosure to another person."[57] He referred to an ex-hospital patient who developed his own theory about his psychosis. The patient believed that the schizophrenic break is with *sincerity*, not with reality.[58]

This implicit and explicit value of honesty in psychoanalysis and psychotherapy is really not a value "added" surreptitiously to the scientific nature of the method. It is simply another way of stating that the method is scientific. Weber stated that the contribution science could make to personal life is to clarify the consequences of ultimate values. Psychotherapy clarifies the meaning and consequences of personal emotional attitudes and behavior. To say that honesty is a value of clarifying personal attitudes is simply to say that clarifying personal attitudes is a value of clarifying personal attitudes. And that is a tautology. The only "value" then that is "added" is the therapist's commitment to this scientific method. According to Polanyi, as quoted in an earlier chapter, this value only requires a logical sign denoting that the investigator asserts his own method.

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[56] Szasz, *op. cit.*, pp. 274, 275.

[57] Sidney M. Jouard, *The Transparent Self-- Self-Disclosure and Well-Being* (Princeton, New Jersey: D. Van Nostrand Company, 1964), p. 22.

[58] *Ibid.*, p. 25.

Psychotherapists have insisted that they are not ethical teachers or advisors. Hartmann stated that the aim in psychoanalysis of honesty and self-knowledge does not necessarily entail moral improvement.[59] This antipathy to ethical considerations often seems to be the result of a concern to differentiate the medical basis of psychotherapy from other models of helping relationships, such as religious ones. The "treatment" of emotional conflicts requires the removal of symptoms rather than instructions in

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[59] Hartmann, op. cit., p. 91.

32 the good life or conversion to a religious viewpoint. Freedom from crippling symptoms rather than conversion or goodness is the goal of the process. This freedom is defined by the taxonomies of the psychiatric tradition founded upon the medical model of disease, and is extended to cover gray areas where that model no longer so obviously fits, as discussed later in the chapter. Colby, a psychiatrist, stated:

> . . .that the patient who has undergone psychotherapy is one who is placid, emotionless, lovable, good-natured, and guiltless, no matter what happens to him, is an illusion in which neither the patient nor the therapist must invest, however strongly our culture insists on worshipping such a psychological saint.[60]

When making therapeutic decisions regarding his patient, according to Hartmann, mental health is the highest professional value of the psychiatrist, as a psychiatrist. This professional value may have no necessary connection with his personal ultimate values.[61] Mental health cannot be equated with morality.[62] Nor does health equal maturity, although both health and maturity relate to personal integration.[63] Hartmann insisted, "Analysis is primarily a therapeutic and not a moral instrument. Also, for us neurosis is not, as it

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[60] Kenneth Mark Colby, A Primer for Psycho-Therapists (New York: The Ronald Press Co., 1951), p. 5.

[61] Hartmann, op. cit., p. 56.

[62] Ibid., pp. 66-68.

[63] Ibid., p. 73.

33 is for some others, primarily a 'moral problem'."[64] This implied for Hartmann that, "We cannot concur with the view that values can be derived from psychoanalytic knowledge."[65]

Part of this antipathy to ethical considerations also seems to be the result of increased sophistication about the variety in human nature. Traditional religious models of goodness did not always take into account how different human beings may be from each other. But scientists also assumed more uniformity among men than actually existed. Gotthard Booth remarked that this recognition of the great variety in human nature is a recent development:

> It took a long time until biologists realized that each animal species exists in a highly idiosyncratic world, and human psychologists have hardly begun to recognize the behavioral patterns of different personality types and their specific psychological needs.[66]

Even when restricting himself to concerns about mental health, the psychotherapist has had to recognize that this variety precludes any uniform definitions of the concept. Hartmann has stated that theoretical concepts of health underestimate the great variety of healthy and socially

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[64] Ibid., p. 87.

[65] Heinz Hartmann, Ego Psychology and the Problem of Adaptation, David Rapaport (tr.) (New York: International University Press, 1958), p. 84.

[66] Booth, "Values in Nature and Psychotherapy," p. 26.

34 necessary personality types.[67] Abraham Maslow put it this way: "If you tell me you have a personality problem I am not certain until I know you better whether to say 'good' or 'I'm sorry'."[68] If a uniform definition of mental health is not possible, a scientifically established set of value commitments applicable to all men seems equally fantastic. Hartmann strongly disagreed with the view that psychoanalysis

> . . .should lead to a hierarchy of values accepted by all analyzed people. . . .A 'natural' value hierarchy, valid for all men, does not exist. 'Natural' in this context, is a screen for a hidden valuation, and is used to make subjective goals appear as objective knowledge.[69]

Instrumental Process and Values

This analysis of the relationship of psychotherapy to values based on Weber's distinction is true and clear as far as it goes. Psychotherapy cannot suggest to a person what his value commitments ought to be, but it can confront him with the expected consequences of his actual commitments. Much in the thought of Freud and other writers in the field confirms this analysis. The purpose of psychoanalysis,

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[67] Hartmann, Ego Psychology and the Problem of Adaptation, p. 81.

[68] Maslow, op. cit., p. 7.

[69] Hartmann, Ego Psychology and the Problem of Adaptation, p. 84.

35 according to Freud, is the growth of the ego. The means involve honesty, with resulting self-knowledge and responsibility for the consequences of one's attitudes and behavior. Many writers are especially concerned to insist on the medical model of the process, as against other models of helping relationships, in which value considerations are explicit. The purpose of psychotherapy is the treatment of symptoms, not conversion, or instruction in an ethically good life.

This statement is not precise enough, however; because it assumes that the description and treatment of emotional conflicts according to the medical model of disease with the aim of increasing 'mental health' does not involve quite complex value considerations which cannot simply be subsumed under Weber's concept of investigating the consequences of a person's commitments. Even though psychotherapists may spend much of their time doing this, it is not all they do. To understand the complexity of the value considerations involved it is necessary to recognize that in the modern world scientific processes are more or less rapidly taking the place of more explicit traditional value considerations. Where once men might have dealt with an area of human life by a discussion of the right value commitment, they now engage in a scientific process. Allen Wheelis, a psychoanalyst, makes this point by using Dewey's distinction between tools

36 and myths. The psychoanalytic method is only a tool, or instrumental process for getting something else. Supposedly it cannot take the place of myths, or "eternal verities" enshrined in institutional processes, which are not for the sake of anything else, but which are an end in themselves. But in modern society instrumental processes are gradually replacing institutional processes. Modern man finds tools more important than myths.[70] For example, in former times a man might regard his neurotic suffering as a warning from God to worship him more faithfully. He would respond in this "mythical" context by participating in an institutional process--worshipping more faithfully, which is an end in itself. A Modern man might regard this same neurotic suffering as a "mental illness." He then seeks the appropriate "tool"--psychotherapy, and enters this instrumental process *in order to* be relieved of his symptoms. But psychotherapy is not an end in itself, and he is freed for something else. Wheelis concluded that there is a cultural gap caused by the disappearance of myths and institutional processes, and the lag in discovering and accepting tools and instrumental processes to take their place.[71] Wheelis, in the context of Dewey's thought, conceived of a cultural gap because he believed that

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[70] Wheelis, *op. cit.*, p. 30.

[71] *Ibid.*, p. 80.

commitments to myths are disappearing faster than instrumental processes are being developed to replace them. From the standpoint of the thesis the confusion at the frontiers of this process is more important. There may be a gap at times, as Wheelis described, but at other times both an instrumental process and a value commitment may be competimg for dominance in the same area. The important point is simply that there is uncertainty, confusion, and the need for clarification at the places where instrumental processes are being developed to deal with areas formerly the domain of value commitments.

Medical psychotherapy is an example of such an instrumental process, which is more or less gradually expanding into areas in which explicit value considerations formerly played a more prominent part. If that is so, one would expect to find, according to Wheelis, a cultural gap or confusion at the frontier of this process. On one hand in this cultural confusion persons deprived of the eternal verities of myths would attempt to compensate by constructing myths out of the tools of psychotherapy. At the other hand in this same cultural confusion, proponents of the instrumental processes of psychotherapy might falsely be claiming territory which is still rightfully the domain of ultimate value commitments and institutional processes.

It does not seem to be a new idea to suggest that

38 psychiatry and academic and clinical psychology have been proposing instrumental processes which are gradually invading the domain of explicit value commitments. In Chapter III it was noted that the work of Freud and others changed the view of hysteria from a matter of moral indignation to the status of a 'respectable' disease. This change in the perception of hysteria meant that instead of regarding it in terms of value commitments, i.e., the hysteric was a malingerer who ought to repent of his laziness, it was now "treated" by an instrumental process, hypnosis, or medical psychotherapy. Allen Wheelis remarked that the neuroses were admitted to the rights and privileges of illness because of the work of Freud and other psychiatrists.[72] This means that an instrumental process, medical psychotherapy, was now applied to neuroses because of a change in perception of them. Instead of being regarded as evidence of character defect or moral degeneracy according to models involving value commitments, neuroses were perceived in the light of the medical model of disease, and so appropriately treated by an instrumental process. Thomas Szasz, the free thinking psychiatrist quoted earlier, pointed out how rapid was the growth of psychiatry's instrumental processes on the basis of generalizing the medical

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[72] Ibid., p. 40.

39 model of disease:

> The late nineteenth century physician's model of disease was derived from his experiences with tuberculosis, syphilis, and typhoid fever. As the causes of these illnesses had been discovered by medical science, so it would be with hysteria and mental illness.[73]

Is it possible that this particular instrumental process has grown so rapidly that it now attempts to include areas that are still legitimately matters of ethical commitment? Thomas Szasz believed that this is the case, that the expansion in the societal functions of psychiatry by including more and more areas of human life and relationships has now gone too far, and that the model of "mental illness" has been inappropriately overgeneralized.[74] Szasz stated that "psychiatrists are not concerned with mental illnesses and their treatment. In actual practice they deal with personal, social, and ethical problems in living."[75] Philip Rieff went so far as to conclude that, "the hospital is succeeding the church and the parliament as the archetypal institution of Western culture."[76] This expansion, according to Szasz, is due at least in part to the contemporary tradition to

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[73] Szasz, op. cit., p. 295.

[74] Ibid., pp. 295-296. [75] Ibid., p. 296.

[76] Alan W. Watts, Psychotherapy East and West (New York: Mentor Books, 1961), p. 138.

40 avoid facing ethical conflicts by ". . .hastily retreating to playing the medical game, or the scientific psychoanalytic game."[77]

> The very popularity of psychoanalysis and various techniques of psychotherapy may be attributed to this pervasive wish to deny, alter, or avoid facing up to well-defined conflicts of human interest, whether these be interpersonal, social, economic, or ethical.[78]

Erikson coined the term "originology" to describe this temptation to psychoanalysis to reduce ethical decisions to evidence for scientific determinism on the medical model. "Originology" is defined as ". . .a widespread fatalism, according to which man is nothing but a multiplication of his parents' faults and an accumulation of his own earlier selves."[79] Erikson concluded that, "we must grudgingly admit that even as we were trying to devise, with scientific determinism, a therapy for the few, we were led to promote an ethical disease among the many."[80]

If on the one hand in this cultural confusion, medical psychotherapists have at times inappropriately attempted to reduce ethical questions to the medical model of disease, on the other hand, there has at times been a temptation to

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[77] Szasz, op. cit., p. 205. [78] Ibid., p. 220.

[79] Erikson, Young Man Luther--A Study in Psychoanalysis and History, p. 19.

[80] Ibid.

41 construct value commitments and eternal verities out of very tentative scientific findings. It is the cultural confusion with its attendant insecurity that is responsible for an unhappy person's attempting to make a myth or ultimate value out of the instrumental process of the psychoanalytic method. Erik Erikson described this attempt among psychoanalytic patients as due to the fact that ". . .neurotic patients and panicky people in general are so starved for beliefs that they will fanatically spread among the unbelievers what are often as yet quite shaky convictions."[81] Erikson himself has used in this passage a number of value terms with strong emotional connotations to express his disapproval of those who attempt to construct ultimate values out of psychotherapeutic methods. Evidently one of Erikson's firm commitments is here revealed. This same attempt to construct value commitments or even religious goals out of instrumental psychotherapeutic methods has at times occurred even among psychoanalysts themselves. Leslie Farber, a psychoanalyst, pointed out that orthodox psychoanalysis has at times unwittingly posited the following semi-religious goal of perfection:

> However rarely the goal of perfection may be achieved, man is a creature who is, nonetheless, psychologically

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[81] Erikson, Young Man Luther--A Study in Psychoanalysis and History, p. 19.

> 42 perfectable, by virtue of either the early and happy accident of childhood, or the later and unhappy necessity of psychoanalysis.[82]

Farber described some of his experiences as a trainee in a psychoanalytic training institute. As some of the trainees were admitted into the status of psychoanalyst and others were not, those who were left behind fell to gossip. Farber found:

> How sharp and painful was the stirring of that other goal in our hearts was revealed by our endless and relentless appetite for gossip about our elders in the society. Every new instance of adultery, drunkenness, divorce among our teachers was savored as evidence that they hadn't achieved perfection after all. However, such is the misty nature of our theory and our idea of perfection, it was always possible to interpret even their failures as manifestations of the freedom which would come with perfection.[83]

Farber found this attempt to create an ultimate value of perfection out of psychoanalysis to be very destructive:

> When man believes in his perfectibility he experiences his own real being almost as a disease, a fatal sickness whose cure--perfection seems unattainable for himself, and whose tormenting symptoms can only partially be eased by the exchange of seeming for being.[84]

He concluded that scientific methods could at times obscure the necessity for personal experience and decision:

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[82] Leslie Farber, "Psychoanalysis and Human Freedom," Journal of Existential Psychiatry, III, No. 9 (Summer-Fall, 1962), 286.

[83] Ibid., p. 288.

[84] Ibid., p. 291.

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> And we hardly notice that we have almost ceased to wonder what maturity, say, might individually, subjectively feel like or be, since we now know so much about what it looks like or does. Being, however, is not easily denied.[85]

But the primary reason for the attempted construction of ethical and religious commitments out of instrumental processes of psychotherapy using the model of mental illness has been that the cultural confusion described above is only one aspect of a much broader cultural confusion in the social environment resulting from the impact of modern science and technology in many areas of life. Vast and incredibly rapid social change, and its attendant insecurity and personal confusion has forced psychotherapists to offer counsel in increasingly wide areas of personal life and decision because the problems people bring to them are aggravated or partially caused by this wider cultural insecurity. Rieff pointed out:

> In response to the increasingly diffused complaints of patients, psychoanalysis has had to grow more openly didactic. Conversely, because of its increasingly ideological bent, psychoanalysis may be said to be partly manufacturing its own clientele. As the aristocratic Roman summoned his philosopher when he was ill, as the Christian went to his pastor, so the dispirited modern visits his analyst. But the psychoanalyst does not compete with older therapists; his is not a therapy of belief, but one which instructs how to live without belief.[86]

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[85] _Ibid_.

[86] Rieff, _op_. _cit_., p. 334.

44 To live without belief may be a kind of belief in itself; that question will be discussed in the next section. This section has described the invasion of the instrumental processes of psychotherapy into areas which were formerly the concern of ultimate value commitments. This process causes a cultural gap or confusion at its frontiers in which matters may be confused and uncertain because of the disappearance of eternal verities or myths and the lack of adequate tools or instrumental processes to replace them. Illustrations of this cultural confusion include attempts inappropriately to reduce ethical questions to the medical model of disease as well as attempts to construct value commitments and even religious goals out of psychotherapeutic findings. The next two sections will describe the distinctive contribution of pastoral counseling in relation to the problems created by this cultural confusion.

Pastoral Counseling and the Cultural Confusion

Pastoral counselors often find themselves functioning in the cultural confusion described in the last section. Indeed, it is suggested that this fact constitutes both the distinctive situation of pastoral counseling in relation to other ministries and other mental health professions, and the reason for the importance of the emotional responses of the pastoral counselor. On the one hand, the development of

45 medical psychotherapy and scientific medicine has differentiated out of pastoral care areas that used to be considered its concern in earlier times when health and religion were undifferentiated, as Talcott Parsons has pointed out.[87] On the other hand, according to a recent study of ministers in the Boston area, only about ten per cent of the problems brought to them ". . .initially pertain to religious questions." More prevalent than explicitly religious problems in the experience of these ministers were marriage and family problems, psychological distress, youth behavior problems, alcoholism, and problems of aging.[88] These and other studies and writers suggest that pastoral counseling as a field is much involved in the cultural confusion. On the one hand, some of the traditional concerns of pastoral care are now appropriately handled by the instrumental processes of medical psychotherapy. On the other hand, in order to deal with the expectations of their parishioners and clients, pastoral counselors incorporate some of these same instrumental processes into their work. In fact, the definition of the field used in this thesis stated that "pastoral counseling seeks to enhance the tradition of the care of souls by relating the

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[87] Hans Hofmann (ed.), *The Ministry and Mental Health* (New York: Association Press, 1960), p. 24.

[88] *Ibid*., p. 225.

46 resources of religion and the contributions of medical and behavioral sciences to the needs of persons. . . ." This section will indicate three ways in which pastoral counseling can contribute to the clarification of the cultural confusion described in the last section: by interpreting the place of value commitments to secular psychotherapists and persons in distress, by encouraging the expansion of instrumental processes in the lives of religiously oriented troubled persons who need psychotherapy, and by encouraging empirical research about value commitments. In the next section the appraisal of the presuppositions of the pastoral counselor will be seen as the necessary foundation for these contributions to the clarification of the cultural confusion.

In the first place, pastoral counselors who are committed to ultimate values and represent institutions which enshrine these values, may be uniquely sensitive to, and able to interpret those value commitments to psychotherapists trained only in instrumental processes, and to persons troubled by the relation between these two areas. In the last section occasional attempts to create value commitments and eternal verities out of tentative findings in psychoanalysis and psychotherapy were described. Pastoral counseling as a discipline is essentially involved with value commitments, and therefore can make knowledgeable critiques

47 when this happens. It is possible for a person in distress, as Erikson pointed out above, to compound his difficulties by attempting to create a belief system out of the tools of psychotherapy. In this way he evades responsibility for personal decisions, and deals with his neurotic anxiety by insisting, for example, that he is ". . .nothing but a multiplication of his parents' faults and an accumulation of his own earlier selves."[89] In this kind of situation, the pastoral counselor is in a position to aid the person ". . .to give an account of the ultimate meaning of his own conduct," because he is especially aware of the legitimate place of implicit and explicit value commitments.

This kind of critique from the pastoral counselor may be made, for example, where psychotherapy is understood as implying a kind of ethic of individualism without value commitments to entities or contexts beyond the individual person. Rieff understood psychoanalysis in this way, and evaluated it from this perspective; "Freud speaks for the modern individual, elaborating his sense of separateness from the world and from even the most beloved objects in it."[90] He went on to say:

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[89] Erikson, Young Man Luther--A Study in Psychoanalysis And History, p. 19.

[90] Rieff, *op. cit.*, p. 361.

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> He was not impressed by the clerical strategy of confirming faith by strengthening the individual's identification with the community. . .psychoanalyzed man is inwardly alienated even if he is often outwardly reconciled, for he is no longer defined essentially by his social relations.[91]

Erikson has admitted that this understanding of psychoanalysis as proposing an isolated detachment finds some justification in its theory, and its ". . .model of man, who in some of our writings seems to be most himself when reflecting horizontally--like a supine baby or a reclining patient, or like Descartes himself, taking to his bed to cogitate on the extensive world."[92] However, this value commitment to detachment and individualism is not even regarded by many secular therapists as implied by psychotherapeutic knowledge. Erik Erikson is particularly concerned to point out the fallacy of this notion as a 'scientific' value.

> To fathom the limits of human existence you must have fully experienced, at some concrete time and space, the 'rules of the game.' To live as a philosophical stranger is one of the choices of mature man; to have that choice, the immature person must, with our help, first find a home in the actuality of work and love.[93]

He quotes with approval Gandhi's injunction to his untrained followers, "You have yet to learn how and when to take an

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[91] Ibid., p. 362.

[92] Erikson, Insight and Responsibility, pp. 163, 164.

[93] Ibid., p. 240.

49 oath."[94] In discussing the necessity for a person to come to terms with the larger context of his life, Erikson in fact speaks of the individual's need ". . .to experience fate as something which he chose and in which he was active,"[95] even if his environment has been destructive to him. Hartmann claimed that psychoanalysis is not meant to encourage a self-preoccupied isolation but instead has refuted the notion that self-interest is the only important motivation.[96] Gotthard Booth, a psychiatrist, indicated that the psychotherapeutic process is in fact hindered by introduction of talk about the "self" apart from the environment.

> Therapy becomes difficult in proportion to the emphasis upon 'intelligent self-interest' and the attempt to center values in an autonomous self. I do not think that it makes much difference whether this specious self is imagined as a bundle of partial instincts, or as an elaboration of the archetypal forms of the collective unconscious, or as the phenomenology of how one experiences existence in the anticipation of death. . . . I suspect that therapy is often impeded by dogmatic indoctrination about the 'self.'[97]

The second contribution that pastoral counseling may make to the clarification of the cultural confusion is to propose the appropriate expansion of instrumental psychotherapeutic processes into areas in which persons still

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[94] Ibid.

[95] Ibid., p. 89.

[96] Hartmann, Psychotherapy and Moral Values, p. 77.

[97] Booth, "Values in Nature and Psychotherapy," pp. 29-30.

50 fearfully oppose them because of certain values. Examples can be found in working with persons in distress because of overly severe religious training. Even in contemporary life, there are still persons whose neurotic conflicts are aggravated or even caused by the support harsh religious beliefs have given to a tyrannical and punitive superego. In the author's own counseling experience, for example, persons were found who were intellectually committed to current liberal theology, but the results of severe childhood training persisted half consciously underneath the theological superstructure acquired in college or seminary, and created severe strain. Persons with conflicts aggravated by harsh religious beliefs are often hesitant about seeing a secular psychotherapist for fear that their commitments will be ridiculed or taken away from them. They are usually more willing to see a pastoral counselor who supposedly has value commitments himself and represents an institution enshrining those commitments, believing that he will treat their commitments with seriousness and respect. The pastoral counselor then has the opportunity of relieving the pressure of the tyrannical superego by helping sort out the neurotic aspects of the person's belief system. "Neurotic" here means the aspects of his value commitments which cause distress but can be appropriately resolved by instrumental processes. For

51 example, a man may be anxious and preoccupied with attempting to prevent compulsive masturbation by repentance and prayer. He sees the problem as one of value commitment; if he had "enough faith," he would not masturbate and not be anxious. The pastoral counselor may gently help to institute an instrumental process--the increase in understanding and honesty about the meaning of his symptoms. If the process goes well, the symptoms of anxiety and compulsive masturbation may be reduced or disappear because of the substitution of the instrumental process of psychotherapy for the institutional process of repentance and prayer. But the pastoral counselor has not 'taken away' the person's faith or commitments, for he still has value decisions to make regarding the sexual aspects of his interpersonal relationships, and these decisions will hopefully be informed by the non-neurotic aspects of the value commitments of his religious faith and belief.

The third area in which pastoral counseling can contribute to the clarification of the cultural confusion resulting from the invasion of instrumental processes of psychotherapy into areas formerly the concern of ultimate value commitments is to encourage frankly empirical study of value commitments and religious beliefs. This is especially necessary in a time of the larger cultural confusion noted above, resulting from the vast social changes produced by the

52 impact of modern science and technology when so many traditional commitments no longer command allegiance, or are even understandable in contemporary life. Abraham Maslow, a psychologist who has written much about values from an empirical standpoint has stressed the critical nature of our present situation. He defined values as the "cognitive need to understand" and insisted that they are as necessary as sunlight. Unfortunately, "historically, we are in a value interregnum in which all externally given value systems have proven to be failures (political, economic, religious, etc.) e.g., nothing is worth dying for."[98] Maslow, however, was quite optimistic about the possibility of filling this cultural gap with 'scientific' values and he believed that the outlines of more viable and empirically based values are now theoretically foreseeable.[99] This claim may be interpreted in light of Weber's analysis in an earlier part of the chapter. Science cannot establish values, but it can establish the predicted consequences of a value commitment. Maslow seemed to be suggesting that these predicted consequences may establish a consensus as to which values, judged by the consequences of commitment to them, are preferable. Whether or not this optimism is warranted, this kind of empirical

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[98] Maslow, op. cit., p. 192. [99] Ibid.

53 study ought to be encouraged, and the pastoral counselor would seem to be in a favorable situation to carry it out. Maslow deplored the fact that

> . . .the main factual defect in the value theories and ethical theories of the past and the present has been insufficient knowledge of psychopathology and psychotherapy. . . .I find it sometimes amusing, sometimes saddening that so many scholars and scientists, so many philosophers and theologians, who talk about human values, of good and evil, proceed in complete disregard of the plain fact that professional psychotherapists every day, as a matter of course, change and improve human nature, help people to become more strong, virtuous, creative, kind, loving, altruistic, serene. These are only some of the consequences of improved self-knowledge and self-acceptance.[100]

Psychotherapeutic research, then, can be an important way to expand the contribution of instrumental processes in the area of value commitments. Heinz Hartmann has pointed out that "intellectual constructions of ethical systems which neglect the psychological forces that actually determine moral behavior are likely to impede both the stability and the power of these systems."[101] The increase in sophisticated knowledge about human beings resulting from psychotherapy and psychotherapeutic research can contribute to the effectiveness of proposed value commitments. Hartmann held that "every individual and every culture owns a moral potential as

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[100] Ibid., pp. 155, 156.

[101] Hartmann, Psychotherapy and Moral Values, p. 45.

54 a psychological given, not all aspects of which are necessarily realized in the actual moral systems."[102] Erikson stated that clinical and genetic observation ". . .can contribute to a future ethics--ethics not based on the moral injunction of avoiding affront to the ideal but on the ethical capacity to provide strength in the actual."[103] Erikson had a particular concern to relate proposed value commitments to the varying psychological needs of individuals at different chronological stages in their development.

> More theoretically stated: only by maintaining, in its institutionalized values, meaningful correspondences to the main crises of ego development, does a society manage to have at the disposal of its particular group identity a maximum of the conflict-free energy accrued from the childhood crises of a majority of its young members.[104]

Talcott Parsons has confirmed much of this section's conclusions regarding the place of values in the work of the pastoral counselor by suggesting the need for a "profession of spiritual counselors" separate from the parish ministry.[105] Neurotic conflicts within the family may require the services of a psychiatrist who stands outside the family structure.

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[102] *Ibid*., p. 82.

[103] Erikson, *Insight and Responsibility*, p. 177.

[104] George S. Klein (ed.), *Psychological Issues* (New York: International Universities Press, Inc., 1959), p. 155.

[105] Hofmann, *op*. *cit*., p. 44.

55 The psychiatrist, who is not bound by the family structure, and therefore much freer in regard to it, is by virtue of that fact more able to resolve the neurotic conflict of the family member. He is able, according to Parsons, to ". . . 'empathize' with his patients' 'deviant' preoccupations," and at the same time ". . .firmly 'stand for' the values of health."[106] Parsons saw a very close relationship between

> . . .the motivational foundations of the personality as these root in the process of socialization and in the family and, on the other hand, the involvement of the individual in religious and value-commitments at the more mature levels, as these are institutionalized in churches and in the value-patterns of the society at the more generalized levels.[107]

Because of this intimate relation between primary socialization in the family and value commitments in the larger culture, there is need for an analogous profession to that of the psychiatrist in dealing with problems of value commitment. Persons with deviant attitudes and behavior in regard to value commitments need a person who is 'outside' the institutionalized structures, to whom they may communicate their value conflicts without fear of reprisal, who will empathize with their conflicts, and yet interpret these values to them. Parsons has suggested a profession of spiritual counselors, separate from ministers with administrative responsibilities, who will have this function. Spiritual counselors as well as psychiatrists will have to deal with intimate, and often unconscious aspects of the personality, and their work will be closely involved with psychotherapeutic concerns. This is because

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[106] Ibid.

[107] Ibid., p. 45.

> Both spheres involve the 'deeper' and often unconscious layers of the personality of the individual. They are, moreover, deeply and subtly intertwined so that at many points they are only analytically distinguishable.[108]

Parsons' proposal offers interesting confirmation of the distinctive functions of the pastoral counselor outlined in this chapter.

Appraising the Presuppositions of the Pastoral Counselor

This section has described ways in which the instrumental process of psychotherapy has invaded areas formerly the concern of institutional processes which enshrined eternal verities claiming value commitments to them. This expansion process has caused a cultural confusion at its growing edge. On the one hand the tools of psychotherapy are apt to claim too much and attempt to reduce questions of ethical decisions and value commitments to fit the model of mental illness. On the other hand, unhappy patients, and occasionally psychotherapists themselves, are tempted to

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[108] *Ibid.*

57 create eternal verities, and value commitments to them, out of the tools of psychotherapy. It was suggested that pastoral counseling, by its nature and by its definition of ". . .relating the resources of religion and the contributions of medical and behavioral sciences to the needs of persons," has a distinctive vocation to help clarify this cultural confusion in at least three ways. Pastoral counselors may be able to interpret the place of value commitments to psychotherapists and persons in distress and analyze any premature attempts to reduce them to instrumental processes. Pastoral counselors are also in an effective position to encourage the expansion of instrumental processes in the lives of religiously oriented troubled persons who need psychotherapy. Finally, pastoral counselors can participate in and encourage empirical study of value commitments.

The presuppositions of the pastoral counselor which guide him in his distinctive vocation in regard to values in the cultural confusion include: his personality structure as it affects his ability to emotionally understand his client or parishioners; his beliefs and values as they guide his efforts to help his parishioners deal with their own value questions in the cultural confusion; and the knowledge, skills and professional identification acquired in his basic theological education and specialized training as a pastoral

58 counselor as they are brought to bear in his counseling. As Parsons pointed out, these different presuppositions refer to spheres of life which are ". . .deeply and subtly intertwined so that at many points they are only analytically distinguishable."[109]

In Chapter II the necessity was established, by Polanyi's understanding of personal knowledge, for the investigator to learn to appraise the presuppositions which guide his investigation, in order to judge the "fit" between his conclusions and the reality to which they refer. Chapters III and IV described ways psychoanalysts have learned to do this in their investigations of counter-transference, and the emotional responses of the therapist toward his patient. This psychoanalytic knowledge can be applied directly to the similar appraisal of the presuppositions of the pastoral counselor's personality structure as it affects his ability to emotionally understand his client. The pastoral counselor in his training, supervision, and ongoing work can benefit from the appropriate application of these insights. It will be recalled that ways were developed for differentiating between helpful emotional responses of the therapist toward his patient which are sources of insight and meaningful contact

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[109] Ibid., p. 45.

59 with him and destructive counter-transference reactions which are manifestations of ". . .living out the underlying impulses, or defending against them, or for proving that no damage has occurred in consequence of them."[110] Writers have suggested three criteria for distinguishing helpful emotional responses from counter-transference reactions. The first defines the ability of the analyst to feel his way into his patient's experience by a 'transient trial identification', which for a very brief time allows the analyst, on the basis of his own past emotional experience, to identify with the patient. The next movement consists of returning from the trial identification to the level of object relations where the analyst can use the insight resulting from the brief identification for therapeutic purposes. Counter-transference intervenes when the transient trial identification becomes a lasting counter-identification, in which the analyst, in identifying with the patient, acts out his own neurotic conflicts toward the patient. The second, and related, definition is quantitative. If the analyst is capable of a "freely roused emotional sensitivity," in which, however, the feelings are mild enough so that he can sustain them for the purpose of

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[110] Annie Reich, "On Counter-transference," International Journal of Psychoanalysis, XXXII (1951), 31.

60 understanding the patient, rather than so strong that he must discharge then toward the patient, then the emotional response will be appropriate. If, however, his feelings are quantitatively too intense for this control, counter-transference will intervene. The third criterion distinguishes between part and whole reactions toward the patient. Even if counter-transference reactions are aroused later on in the therapeutic process by partial aspects of the patient's personality, they probably can be handled beneficially for the therapy. If, however, they are aroused early in the process by the total personality of the patient, they are usually an indication of unresolved transference on the part of the analyst towards his patient, and will usually be destructive if therapy continues. The purpose of the training analysis, supervision, and continuing self-analysis and "philosophic reflection" on the part of the analyst is to guard against counter-transference reactions and to develop his ability to emotionally understand his patient. As the therapist is able to understand from his own emotional reaction the roles into which he has been cast by his patient, he is able to initiate the "series of reverberations" in which both analyst and patient become ever more clearly known in the process of knowing each other.

These insights from psychoanalysis can be quite

61 directly applied to the specialized training, supervision and ongoing work of the pastoral counselor in appraising the presuppositions of his personality structure as it affects his ability to emotionally understand his patient. It is to be hoped that pastoral counseling training centers and pastoral counselors will be increasingly concerned to make these applications.

The presuppositions of the beliefs and values, and the knowledge, skills and professional identifications of the pastoral counselor also need to be appraised. Especially is this true as the pastoral counselor exercises his distinctive vocation in regard to values in the cultural confusion. If he is to interpret the place of value commitments to persons in distress about this question he must have analyzed how he goes about this interpretation as a result of their place in his own life. If he is to encourage the easing of a religiously supported tyrannical superego, his most helpful responses will come from transient trial identifications on the basis of the effect of religious commitments on the superego in his own past experience. If he is to encourage empirical study of value commitments, his most acute source of insights will depend on understanding his own values as they affect understanding value commitments in the lives of his clients.

It has been seen that the professional knowledge, skills and identification of the psychotherapist or pastoral counselor as they are manifest in the therapeutic relationship also need to be appraised. On the one hand, the therapist may attempt to deny that he has any such commitments, or attempt to rationalize them as the objective application of scientific knowledge independent of his own personal judgment. Erikson has stated that not only does the therapist in fact have such commitments, but also, in order to be effective, he must commit himself to a professional and ideological context. "Luckily he also remains the functionary of a healing profession with a systematic orientation, based on a coherent world image."[111] But on the other hand, these commitments may be rigid enough to result in a kind of indoctrination of the patient into the therapist's professional expectations and values.

For the pastoral counseling specialist as well as the parish minister who counsels, much of their beliefs and values, and professional knowledge, skill and identification are received in their basic theological education. As the following chapter will indicate, professional theological education is distinctive in professional education because it does address itself to questions of personal belief and value

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[111] Erikson, Insight and Responsibility, p. 55.

63 as well as nurturing professional competence and identification more narrowly defined. Therefore, it seems appropriate to discuss the appraisal of these kinds of presuppositions of the pastoral counselor in the context of discussing the theological education of the pastoral counselor.

CHAPTER VII

THE THEOLOGICAL EDUCATION OF THE PASTORAL COUNSELOR

This chapter will describe ways in which the pastoral counselor can come to appraise the presuppositions acquired in his basic theological education, especially regarding his beliefs and values, and basic professional competence and identification. Both the pastoral counseling specialist and the minister who counsels as part of his ministry accomplish part of their training in a theological seminary. The pastoral counseling specialist may go on to further training which is more strictly analogous to the training of other psychoanalytically-oriented psychotherapists, and in those settings the application suggested in previous chapters can be directly made. It will be recalled that perhaps the most important aspect of the training of a psychoanalyst is his personal psychoanalysis by another qualified analyst. It is through this long and at times painful process that the trainee becomes intimately acquainted with his own personality structure and neurotic conflicts. As this experience is combined with close supervision of his beginning efforts as a therapist, he becomes acquainted anew with his personality as it affects his patient in the therapeutic sessions, both in counter-transference reactions and in emotionally

2 understanding him. As he becomes more skilled as a therapist he develops clues to recognize counter-transference reactions by means of self-analysis, using criteria such as those described in the fourth chapter. But even for an experienced therapist a return to analysis for a brief or extended period may be necessary to attempt to resolve certain counter-transference problems. But it should be clear from the thesis that no mechanical technique can either resolve all counter-transference difficulties or perfect the emotional understanding of the therapist. Ultimately every therapist after he has availed himself of all possible training aids, must, like Freud, push on into unknown territory according to the degree of his courage, honesty, and regard for his patient. That is why Winnicott wrote, "Psychoanalytic research is perhaps always to some extent an attempt on the part of an analyst to carry the work of his own analysis further than the point to which his own analyst could get him."[1]

These insights from psychoanalysis can be applied quite directly to the specialized training of the pastoral counselor. But the distinctive vocation of pastoral counseling in relation to values involves the consideration of

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[1] D. W. Winnicott, Collected Papers (New York: Basic Books, Inc., 1958), p. 196.

3 the training in which he developed many of those values--his theological education. This consideration of theological education will use the process described by Michael Polanyi whereby the apprentice comes to learn his discipline and assume responsibility for the presuppositions he has a-critically acquired in that apprenticeship in order to enter the dialectic of exploration and exegesis which is the foundation for continuing investigation.

In order to focus this application by means of concrete illustrations, the author's counseling experience with students at Union Theological Seminary in New York City will be used. Theological education obviously involves more than the experience of theological seminary, yet many issues can be illustrated by considering it. The empirical examples used in the chapter are meant as illustrations, not as proof of any hypotheses. Students at Union Theological Seminary in New York are probably not typical of seminary students generally across the country, and the author's counseling experience has not been statistically treated as proof of any conclusions. But this two year counseling experience which has included interpreting psychological tests to approximately one hundred and sixty students, and counseling with a number of other students over a brief or extended period of time has offered ample illustrative material of the importance

4 of developing ways of appraising presuppositions learned in theological education.

I. SUBMISSION TO TRADITION

Polanyi pointed out that a certain trust in authority is a prerequisite for learning a new field of knowledge. In order to learn the 'great systems of articulate lore' of a new discipline, the novice must make a prior act of affiliation or value commitment to the tradition. Only by this act of allegiance, which Polanyi calls ". . .like an act of heuristic conjecture--a passionate pouring of oneself into untried forms of existence," is the student able to assimilate the magnitude of the tradition in a field.[2]

This commitment to the tradition in theological education does not necessarily entail having previously made a firm vocational choice, or having arrived at a certain doctrinal conviction, although some seminaries may have such requirements for admission. The application of Polanyi's category does not require that the entering B.D. student be committed to the parish ministry as a vocational choice, or any ordained ministry; or that he be a committed Christian, or even that he be a theist. But the commitment does entail an acceptance and some trust in the methods of theological disciplines. If the student believes that biblical studies as he is exposed to them are completely irrelevant to his concerns, then he will not be able to learn from them because he will not have made the necessary act of allegiance to immerse himself in the methods and information of the field. This act of allegiance will vary for every student, and from moment to moment. Some students may enter with at least a partial allegiance to philosophical and theological studies but not to biblical studies, for example. Other students may find that, because of their allegiance to the institutional structure, they find themselves attending classes where a new interest is awakened and in time, a new allegiance is formed. And it must also be noted that theological education does not begin with seminary for most students. In their family, their local church, in college, or in other contexts, they have already made commitments and learned skills and information which influence their attitudes and behavior as they enter seminary, and which are part of their presuppositions regarding theological education.

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[2] Michael Polanyi, Personal Knowledge: Towards a Post Critical Philosophy (New York: Harper Torchbooks, 1964), p. 208.

II. ACQUIRING ONLY PARTIALLY ARTICULABLE SKILLS

Polanyi stated that in learning any discipline, one acquires skills which are only partially articulable. The

6 learner participates in a tradition, and by his actions as an apprentice learns how things have been done in the past, and are currently being done. Even in an academic discipline, expertise cannot be developed simply by memorizing information in a book. A certain 'feel' for the discipline must be cultivated, i.e., what problems are current, what problems are important, how to go about approaching a question, how to make an argument convincing. Some of these aspects of a field are referred to in maxims taught to an apprentice, but these maxims or rules are only understandable on the basis of considerable experience. Polanyi stated that ". . .by acquiring a skill, whether muscular or intellectual, we achieve an understanding which we cannot put into words and which is continuous with the inarticulate faculties of animals."[3]

The skills which the apprentice acquires are often developed without conscious awareness according to Polanyi's distinction between focal and subsidiary awareness as described in Chapter II. When one drives a nail with a hammer he is focally aware of the nail, but only subsidiarily and semi-consciously aware of the feel of the hammer in his hand. In the same way the seminary student may focally attend to

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[3] Ibid., p. 90.

7 writing a paper on hermeneutics, but in order to do so satisfactorily he must subsidiarily develop a whole set of what Polanyi calls 'clues or tools' in order to carry out the task. The important point is that because these skills or clues and tools are developed subsidiarily to the focal awareness and therefore not observed in themselves, "they are made to function as extensions of our bodily equipment and this involves a certain change of our own being. Acts of comprehension are to this extent irreversible, and also non-critical."[4] In other words, these clues and tools become presuppositions, ways of disposing one's own being in regard to a subject, which are acquired non-critically, that is, often without conscious choice because they are developed in subsidiary awareness. In his list of presuppositions Polanyi included:

> Tacit assent and intellectual passions, the sharing of an idiom and of a cultural heritage, affiliation to a like-minded community: such are the impulses which shape our vision of the nature of things on which we rely for the mastery of things.[5]

It might be helpful at this point to give some concrete examples of this process. With practicing theologians one can only reason back from their writings to this intricate interweaving of explicit convictions and methodology

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[4] *Ibid.*, p. xiii.

[5] *Ibid.*, p. 266.

8 with the implicit attitudes and personal background that influence these convictions, as Erikson attempted to do in the case of Martin Luther; unless of course, the researcher also happened to engage the theologian in psychotherapy. Counseling seminary students has the advantage of allowing one to see these presuppositions in the process of formation, and to attempt to understand the intricate mutual influences that help bring them about. These observations, however, must be especially disguised and generalized to protect confidences. With this caution in mind, an example is given at random to illustrate the intricacy of the 'mix' of deep personal attitudes and acquired commitments of the theological disciplines as it affects the presuppositions of the student regarding his theological studies.

One student, although intensely interested philosophically in theological ideas, found himself less and less interested in his theological studies because the existence of God emotionally implied to him the reduction of man to a passive and confined robot subject to God's arbitrary demands. It did very little good to point out to the student that there were theological positions which did not entail such an anthropology; the student simply felt that way when he considered the possibility of the existence of God. As a result he was considering dropping out of seminary in a vague

9 search for another intellectual context which might seem less confining. Counseling with the student uncovered a conversion experience in late pre-adolescence in a conservative context which communicated in a powerful emotional way the concept of a God who did in fact demand just such a sacrifice of budding masculine assertion, as the student had understood this assertion from available models, and the substitution of a passivity and severe denial of sexual and aggressive impulses. But the most important influence on the student's life was an over-controlling and pious mother who continually represented to the student how irresponsible, cruel and thoughtless men were. One of these unsatisfactory men, his maternal grandfather, was a minister. As a result of these experiences the student was left with the deep and mostly unconscious desire to prove a more satisfactory man than the others in his mother's life by obedience to her religious expectations, i.e., being as passive as possible, while at the same time furtively seeking a tenuous identification with those dangerous masculine models which were available to him. However, the mother's religious commitments were ambiguous; on the one hand religion compelled her son's consent to remaining a passive child instead of growing to independent manhood; but on the other hand the minister in her life had oppressed her freedom by a similar use of

10 religious convictions. During the time this information emerged in the counseling sessions the student found his interest in theological studies sharply increased with the discovery of the death of God theologians, who seemed to give him a significant context in which to explore his own fears of the implication of man's passivity in God's existence. The death of God theology offered him a fruitful way to throw off the confinement of his mother's religion and assert his developing masculinity in a theological context which he now saw as calling him to active decision, not to passive submission.

This illustration is not meant to imply that theological positions can be reduced to personal conflicts. It is clear, at least in the author's counseling experience, that similar theological positions are held by persons of diverse personal backgrounds. But it does illustrate the intricate presuppositions of personality structure and life experience which affect the student's attitude towards his theological studies. Of all the possible theological positions and specializations into which a student might fit himself, one is slected that so fruitfully expresses his own deepest interests. The illustration emphasizes the need for appraising the diverse presuppositions of the theological student. If the seminary facilities had included only academic structures, the student would simply have gone into

11 another discipline, or at the most, his participation in theology would have been more conflicted and limited according to his understanding of God's demand for man's passivity. But psychotherapy by itself might not have paid explicit attention to his real and continuing theological interest and ministerial vocation.

It cannot be predicted that the result of this appraisal will deepen or lessen his commitment to a particular theological position, but it hopefully will make his involvement in theological studies more perceptive and creative, and less an expression of personal problems either through a sterile detachment, unthinking conformity to his teachers, or the projection of irrational attitudes or fixations upon his studies. This is not meant to suggest the desirability of the fantasy of 'well-adjusted' students writing uniform 'well-adjusted' theology. After all, the history of Christian thought contains many examples of significant and enduring theology written by persons out of great personal anguish. But it is an application of Polanyi's programme to restore the ". . .power for the deliberate holding of unproven beliefs" through the dialectic of exploration and exegesis whereby the student comes to raise as far as possible to clear articulation and to take personal responsibility for the presuppositions by which he is approaching his

12 theological study.

There has been recent discussion in seminary education which may be related to this need for appraising the presuppositions learned by the theological student. Robert Leslie has remarked that "the nature of the church is being *demonstrated* in seminary classrooms."[6] This remark can be understood as a confirmation of the statement of the thesis that in seminary education as well as other types of learning, only a part of the skill and information involved is communicated in a formal manner. Therefore, the student, as the final phase of his learning, must come to appraise and take personal responsibility for these presuppositions he has a-critically acquired in the learning process. It implies even more directly that the teacher, as well as the learners, must appraise *his* own presuppositions and take responsibility for what he is teaching. This point may be related to recent discussions of the relationship between theory and practice in seminary education, as expressed in the aim that the student have opportunities to experience in the field the application of the academic material he has learned in the classroom.

Most writers have approached this question by looking

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[6] Hans Hofmann (ed.), *The Ministry and Mental Health* (New York: Association Press, 1960), p. 131.

13 for extant structural models in other disciplines which seem to relate theory and practice more satisfactorily than does the seminary. Granger Westberg suggested that the interaction of theory and practice in medical schools makes an interesting analogy for what can happen in theological education.[7] Other writers, recognizing that psychotherapy is no less a learning situation than a classroom look to pastoral counseling or clinical training to relate theory and practice, here conceived as intellectual knowledge and emotional understanding.[8] Robert Leslie believed that the insights of pastoral counseling can help the seminarian integrate his intellectual theology with his emotional life and to free himself from restrictions and handicaps in his work.[9] Deciding which of these structures, or others, is most helpful depends on a clear understanding of the process of acquiring implicit commitments in seminary education. Suggestions about possible methods for appraising these implicit commitments, acquired in seminary education, will be made later in the chapter. At this point the importance of taking into explicit account this dimension of the theological educational process is to

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[7] *Ibid*., p. 171.

[8] Donald H. Ford and Hugh B. Urban, *Systems of Psychotherapy--A Comparative Study* (New York: John Wiley and Sons, Inc., 1964), p. 249.

[9] Hofmann, *op*. *cit*., p. 159.

14 be emphasized, regardless of what practical structures may commend themselves for doing so in particular cases and institutions.

There is an additional dimension to the acquiring of presuppositions in seminary education which depends on the particular life stage most students are in. Roger Shinn has noted in lectures that students often enter theological seminary to solve problems of life direction as well as to seek vocational training. Therefore more aspects of their personality are involved in the educational process than might be the case, for example, for an engineering graduate student, who would not attempt to find a personal philosophy of life out of his engineering courses. The author's experience has been that many students hope to find a philosophy of life, a vocational direction, a personal identity, help with personal conflicts, or any combination of these, as well as vocational training in seminary. Therefore the implicit and explicit commitments they acquire and make in seminary may be very important for their whole lives.

This need on the part of seminary students can be understood in terms of Erik Erikson's categories of *identity* and *ideology*. He has stated that it is the particular life task of the adolescent to forge an identity for himself out of his childhood background, and in relationship to the

15 society in which he lives.

> I have called this major crisis of adolescence the identity crisis: it occurs in that period of the life cycle when each youth must forge for himself some central perspective and direction, some working unity, out of the effective remnants of his childhood and the hopes of his anticipated adulthood; he must detect some meaningful resemblance between what he has come to see in himself and what his sharpened awareness tells him others judge and expect him to be.[10]

Central to resolving the identity crisis in adolescence is the need to discover some overarching ideology by which the developing ego can gain control over the instinctual upsurge that accompanies puberty, and to direct those energies into socially approved and constructive channels. But Erikson indicated that instinctual pressure is only the defensive half of the need for ideologies, ". . .the other half being its adaptive function, and its function in the history of changing ideas."[11] For the adolescent, "identity and ideology are two aspects of the same process." This is because identity depends upon a common ideology which furnishes the ". . .solidarity linking common identities."[12] The ideology, in order to furnish this basis for identity, must be psychologically relevant. Erikson beautifully described, for

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[10] Erik H. Erikson, Identity and the Life Cycle: Selected Papers (New York: International University Press, 1959), No. 1, Monograph 1, p. 14.

[11] Ibid., p. 20.

[12] Ibid., p. 157.

16 example, how the religious festivals of the plains Indians express early unconscious conflicts, and mythologically reenact those conflicts for the purpose of contemporary atonement.[13] It is absolutely necessary for a society to perpetuate a relevant ideology which can thus make contact with the conscious and unconscious psychological tasks of its members, especially its young adults.

Ideologies then, while uniquely the concern of adolescence, are also necessary for cultural survival, since cultures must also have an identity to survive, and this identity must be forged out of an ideological context. Thus Erikson defined ideology as,

> . . .an unconscious tendency underlying religious and scientific as well as political thought: the tendency at a given time to make facts amenable to ideas, and ideas to facts, in order to create a world image convincing enough to support the collective and individual sense of identity. . . .The total perspective created by ideological simplification reveals its strength by the dominance it exerts on the seeming logic of historic events, and by its influence on the identity formation of individuals. . . .[14]

Ideologies are often stable in a society, and in that case, the adolescent has only to fit himself into the ideological context. But at certain times such as our own cultures need new ideological identities, and eagerly seek persons who will offer them. Erikson wrote about Martin Luther, who offered such a new ideology for his changing times. But for both growing individuals and changing cultures ideology is a necessity.

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[13] Erik H. Erikson, Childhood and Society (New York: W. W. Norton and Company, 1950), pp. 132, 133.

[14] Erikson, Identity and the Life Cycle: Selected Papers, p. 22.

> In some periods of his history, and in some phases of his life cycle, man needs (until we invent something better) a new ideological orientation as surely and as sorely as he must have air and food.[15]

Certain people become preoccupied with this particular stage of psychological development as a life-long concern. "To some individuals, however, such a state becomes, for personal reasons, habitual; from these people the religionists in any field are recruited."[16] And one might add, seminary students. Students, then, may seek not only an academic and professional affiliation, but an ideological commitment necessary to resolve the identity crisis of adolescence, made especially difficult by the breakdown of established ideologies in contemporary culture.

It might be helpful to give another brief example to illustrate this complexity of motivation. Students at Union Seminary are probably not unique in learning in a theological

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[15] Ibid.

[16] Erik H. Erikson, Young Man Luther: A Study in Psychoanalysis and History (New York: W. W. Norton and Co., Inc., 1958), p. 215.

18 context which may differ significantly from the theology of their family and early environment. They may in fact, come to a nondemoninational institution such as Union precisely because their childhood faith has not stood the pressures of adolescence or the more sophisticated college environment. They hope to find in seminary a resolution of these conflicts. One student had found his simple pentecostal faith gradually dissolve and disappear in college. He became an agnostic, but retained a wistful longing for the security of his early beliefs and an admiration for those who still professed them, even though his college philosophy and science courses had made them impossible for him. He entered seminary because his interest in the ministry as a vocation persisted longer than his religious beliefs, and also because it was easier to deny his former beliefs to his college friends than to tell his family that he no longer thought he would be able to become a minister. He hoped to find in seminary a liberal theological position that would enable him to resolve these conflicts; but even though a variety of such positions were available to him through his courses, they offered him neither solace nor resolution of his conflicts.

He entered counseling as he was about to drop out of seminary and consider another occupation on the grounds that

19 he could not become ordained because he had too many religious doubts. Even though it was explained to him, and not first by the counseler, that the denomination he had joined in more recent years would not require the doctrinal rigidity he had expected, these explanations were of no avail. He persisted in a rather remarkable way in expressing toward God (if he existed) and his denominational authorities his deep resentment at the complexities and tragedies of a world which had shattered his childhood faith. But at the same time he also unconsciously wished to believe that all authorities, especially ecclesiastical ones, would, like his parents and the church leaders in his early life expect an iron conformity to religious doctrines and practices at the cost of inner integrity and emotional sensitivity. In his own mind it was not that he was hypersensitive to authority because of his early experiences, it was that all authority was unreasonable. In the course of counseling he described his conversion in early adolescence in which to "get people off my back" he had conformed to the demands and prayers of his parents and church community by faking the experience of speaking in tongues before the assembled congregation. This outward conformity to the demands of others at the cost of deep, but mostly unconscious inner resentment repeated in a significant illustration the way he had learned to live with

20 the demands of his devout and harsh father.

In the course of counseling he came to recognize that he wanted to be free of his restrictive background, but at the same time he longed for the security it gave him. He had previously 'solved' this conflict by projecting both sides of the ambivalence. On the one hand God, not he, was to be blamed for the complexities of a world in which this security was no longer possible, but on the other hand the church, not he, was restricting his freedom by demands of conformity. In the course of working through these conflicts he dropped out of seminary to consider other vocations and to assure himself that he really was free to express his own integrity. Later he returned to continue the search for a mature faith and an integrated vocational choice. This student illustrates the complexity of motivations to enter seminary not only to find a professional identification, but to find an ideological commitment necessary to resolve the identity crisis of adolescence, aggravated by personal conflicts of long standing, and the breakdown of an ideological consensus in contemporary culture.

III. APPRAISING ONE'S OWN PRESUPPOSITIONS

The theological student, like the apprentice generally, acquires presuppositions which have a complex and

81 intimate relationship to his own personal background. As the final phase of his theological education, he must then come to appraise them as they affect his theological study. By raising these commitments as far as possible to clear articulation and taking personal responsibility for them, he may enter upon the dialectic of exploration and exegesis which should be the continuing basis of his theological study.

But this ability to appraise one's own presuppositions comes late in the learning of the discipline. Only after submission to the tradition of a field, and long apprenticeship in its implicit presuppositions, does the learner arrive at a stage where he can begin to reflect on the presuppositions he has acquired in order to take personal responsibility for them. Earlier in the process he had been too involved in mastering the vast amount of information and tacit assumptions of the field. Collingwood described this process:

> . . .people begin with details. They begin by tackling individual problems as they arise. Only when this detail has accumulated to a considerable amount do they reflect upon the work they have been doing and discover that they have been doing it in a methodical way, according to principles of which hitherto they have not been conscious.[17]

But learning has not been complete until this stage has been reached. Before this stage the learner can only accept or react against his tradition. He is not able yet to take independent and personal responsibility for what he has learned from it. He either considers himself 'correct' because his judgments agree with those of the tradition, or he refuses an act of allegiance to its judgments because of a dim perception that they are wrong for him. But he has not learned yet to develop the 'sense of fitness' between his conclusions and the reality to which they refer by taking personal responsibility for the presuppositions by which he makes his judgments. Developing this sense of fitness is not an easy matter. Polanyi remarked, "The curious thing is that we have no clear knowledge of what our presuppositions are and when we try to formulate them they appear quite unconvincing."[18] But as the above examples emphasized, what Polanyi called philosophic reflection is necessary for learning to be complete. "I must aim at discovering what I truly believe in and at formulating the convictions which I find myself holding."[19]

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[17] R. G. Collingwood, The Idea of Nature (Oxford: Clarenden Press, 1945), p. 1.

Since their theological education did not begin when they entered seminary, seminary students already are in possession of tacit assumptions, which they often want very

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[18] Polanyi, _op_. _cit_., p. 59. [19] _Ibid_., p. 267.

23 much to understand as well as to understand the new commitments they are acquiring. Therefore the need to appraise their presuppositions is felt by many students at various times or throughout their seminary careers. Seminaries do not always pay sufficient attention to this dimension of theological education. Erikson has written of the disappointment of one of his patients who was attending theological seminary: "To him the wish to gaze through the glass darkly and come 'face to face' was a desperate need not easily satisfied in some modern seminaries."[20] Evidently this patient found in psychotherapy with Erikson the kind of 'training analysis' that met his urgent desire to encounter himself honestly.

There are various structures in seminary education which offer possible opportunities for appraising presuppositions. Some of these are built in to the academic program. Seminars, research papers, and dissertations all may, but not always do, offer opportunities for the student to be reflective about his approach to a subject, by compelling him to give a thoughtful, written 'account of himself,' implicit in the treatment of the subject itself. Students may become deeply involved in this type of academic task,

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[20] Erik H. Erikson, Insight and Responsibility (New York: W. W. Norton and Co., Inc., 1964), p. 65.

24 because they are in this way meeting their urgent need to give an account of themselves. An example would be the student referred to above, who found in his academic engagement with death of God theology a way to understand and appraise his own implicit and largely unconscious approach to theological questions.

A second important set of opportunities for appraising presuppositions involves field education, in which the student participates part time in some form of ministry under supervision on the job as well as by a faculty member. While field education is regarded as necessary, it does not always seem to be exciting or relevant to students, compared to the challenge of the academic curriculum. But it is in these beginning responses toward his parishioners in his practical ministry that the student is in fact demonstrating his tacit assumptions and presuppositions. Sensitive supervision can encourage the student to be reflective about the entire range of the presuppositions of his personality structure as it affects his ability to emotionally understand his parishioners, his beliefs and values, and his developing professional competencies. A final example may help to suggest some of these opportunities.

A student towards the end of his seminary career was in conflict over the choice of the first position upon graduation. He was interested in becoming the pastor of an interracial church, but this decision would cause deep distress to his wife whose family lived in the immediate area, and did not share the couple's conscious commitment to integration. It soon became clear that the student through his seminary education had built a superstructure of conscious liberal racial attitudes on top of some fairly strong, but unconscious remining prejudice. As a way of working out this distressing, but hidden conflict, he had unknowingly hit upon the situation in which he consciously wanted to enter an interracial ministry, but his wife, by her 'prejudice' prevented him. His problem was 'solved' because the ambivalence was now assigned to his wife, and he found it very difficult to believe that it was the fear of family tension, rather than prejudice, that was behind his wife's resistance. In the process of working through his actual emotional attitudes toward this possible ministry he and his wife decided on an alternate position which was not interracial. Although this example was in a counseling context rather than as a part of the routine field education supervision, it can be seen that supervision of field education relationships can offer many such opportunities.

While sensitive supervision and the academic task itself can encourage the appraisal of presuppositions in a

26 way appropriate for many or most students, it is not sufficient for all. For some students, either because of severe emotional conflicts, or because they are called to this particular vocation, must risk more of a descent into their own depths in an appropriate form of psychotherapy. Their needs are often especially urgent, and their ministry depends on this kind of 'training analysis.' If psychotherapists need long exploration of their own personalities in order to understand and appropriately respond to their clients, then it ought not to seem so radical to suggest that some ministers also might benefit from a similar analysis. In the author's experience it is not necessarily the degree of pathology, psychiatrically determined, that decides which students desire this kind of formal psychotherapy. Some students are content to work out the appraisal of their own commitments through thoughtful academic work. But other students desperately seek a personal psychic encounter by which to arrive at an understanding of their life direction. The psychological and theological dimensions of this search are so interwoven that only if the teacher or therapist insists on a separation between the two dimensions can it be artificially maintained. As Erikson noted, "Identity and ideology are two aspects of the same process." In the author's experience several students entered counseling

27 because of a complex combination of religious doubts and neurotic complaints. Neither dimension could be reduced to the other, and when the process was successful, the direction of theological interest was firmer, and the psychological symptoms ameliorated concurrently.

In these or other ways, then, the student, as the culminating part of his education hopefully comes, at least in part, to understand and take responsibility for the tacit assumptions and presuppositions he has received in his personal background and theological education as they affect his ministry. By the assumption of this responsibility he becomes no longer only an acceptor or a rejector of the tradition, but a contributor to it. Whether his vocational choice is in the direction of the pastorate or toward specializing in pastoral counseling, his ability to understand the people with whom he works will be greatly enhanced by his developing ability to appraise the complex presuppositions that guide the distinctive vocation of his pastoral counseling.

CHAPTER VIII

SUMMARY AND FUTURE DIRECTIONS

I. SUMMARY

The dissertation has demonstrated the fruitfulness of applying Polanyi's understanding of personal knowledge, enriched by the clinical experience of psychoanalysts in dealing with counter-transference to issues in pastoral counseling. It was seen that the presuppositions which guide the work of the pastoral counselor include his personality structure as it affects his ability to emotionally understand his patient, his beliefs and values, and the knowledge, skills and identifications acquired in his basic theological education and specialized training as a pastoral counselor.

The emotional responses of the counselor were shown to be an effective way to understand questions of the role definition of the pastoral counselor. These responses offer important data about the specific roles into which the counselee is attempting to cast the counselor during the session, and hence offer insights about the counselee's problems, as well as data for more general discussions of role definition. "Helping," as an expectation of the ministerial or pastoral counseling role was also seen to be a

2 possible rationalization for counter-transference problems. Ways were pointed out for the pastoral counselor, in his specialized training and supervision, to appraise the presuppositions of his personality structure in order to deal with counter-transference difficulties and to learn to use his emotional responses to understand his counselee. Helpful emotional responses were differentiated as transient trial identifications in which minimal amounts of feeling are used to understand the counselee, and reactions are only to partial aspects of the patient's personality. These emotional responses further the series of reverberations in which counselor and counselee come to know each other ever more clearly. Counter-transference problems arise when the original conflicts persist and the counseling situation is used for ". . .living out the underlying impulses or defending against them or for proving that no damage has occurred in consequence of them."[1] There is always need for the counselor to watch for clues to possible counter-transference reactions throughout his practice.

It was further shown that pastoral counseling has a distinctive function regarding values. There is a cultural confusion as a result of the expansion of the instrumental

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[1] Annie Reich, "On Countertransference," International Journal of Psychoanalysis, XXXII (1951), 31.

3 process of psychotherapy into areas formerly dealt with by commitments to ultimate values. In this cultural confusion pastoral counselors may be able to interpret the place of values to psychotherapists and persons in distress. They are also in an effective position to encourage appropriate use of the instrumental process of psychotherapy with persons with religious values. Finally, pastoral counselors can encourage empirical study of the consequences of commitments to certain values. The ability of pastoral counselors to make these three contributions regarding values depends upon their ability to appraise the presuppositions of their own beliefs and values, and knowledge, skills and identifications received in their basic theological education as well as specialized training as a counselor. The process by which these kinds of presuppositions are acquired in basic theological education through submission to tradition and learning only partially articulable skills was described. Ways were suggested by which the student may begin to learn to appraise these presuppositions in his academic work, under supervision in field education, and in personal psychotherapy. Finally, it was emphasized that appraising presuppositions is not a mechanical technique, but as with Freud himself, depends upon the courage and integrity of the counselor, and the degree of his regard for his counselee.

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II. FUTURE DIRECTIONS

There are several possibilities for further work on the basis of the conclusions of this dissertation. The first of two directions to be indicated is empirical studies using the conceptual framework of the thesis. Pastoral counseling, like any specialized ministry, is both an indication of new secular knowledge incorporated by the church, as well as an indication of dissatisfaction with traditional forms of ministry. Studying the presuppositions of pastoral counselors or other specialized ministries can furnish valuable data about trends in ministry, as well as furnishing clues about more effective training for particular specialized ministries.

Empirical studies of theological education could give valuable information about how presuppositions are actually acquired and appraised, if at all, in present seminary programs. These studies might suggest better methodologies for theological education. They might also suggest ways for dealing with the problem of intellectual theological commitment on top of implicit and contradictory presuppositions in the lives of seminary graduates. Such studies might help students be more tolerant of and more effective in working with the presuppositions of their parishioners when they differ from their own.

Finally, studying the presuppositions of ministers and

5 laymen might give interesting clues to trends in theology. It might be possible to discover what implicit or unconscious symbols and ideas about religion in the minds of persons in our culture endure with little change over long periods of time and what new emerging presuppositions give evidence of cultural change and challenge for relevant theological response.

This last line of empirical study suggests the second direction for future work. It is clear that historical studies, like psychotherapy, depend partly upon emotional understanding. In this case, the historian through his documents must be able to feel his way back into the lives of the historical personages he is studying. This ability, as in the case of the psychotherapist, depends upon the presuppositions of his personality structure, values, and professional training. Since theological method depends so heavily on historical method, what has just been stated obtains also for the theologian. This line of inquiry has already been partially worked out, and would offer another important theoretical application of Polanyi's understanding of personal knowledge. This second theoretical framework could, in its turn, stimulate a set of practical suggestions for appraising the presuppositions of the historian and the theologian, and a set of empirical studies using the theoretical framework.

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APPENDIXES

APPENDIX A

THE SCIENTIFIC VERIFIABILITY OF PSYCHOTHERAPEUTIC THEORY

At this point in development, psychoanalytic theories, and indeed, the efficacy of psychotherapeutic theories generally, are not verifiable by natural scientific methods. Hans J. Eysenck has spent many years of his career studying whether or not there is any scientific evidence for the effectiveness of psychotherapy. It should be mentioned that he is a devotee of learning theory and his attitude toward psychotherapy ". . .is frankly hostile rather than merely critical."[1] However, more than anyone else, he has exhaustively summarized published studies from all sources which attempt to validate psychotherapy by scientific method. He published a summary of this material in 1952 and again in 1962. His conclusion in 1962 agreed with his conclusion in 1952:

> With the single exception of psychotherapeutic methods based on learning theory, results of published research with military and civilian neurotics, and with both adults and children, suggest that the therapeutic results of psychotherapy are small or non-existent, and do not in any demonstrable way add to the non-specific effects of

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[1] Hans J. Eysenck, "The Effects of Psychotherapy," International Journal of Psychiatry, I, No. 1 (1965), 101.

> 2 routine medical treatment, or to such events as occur in the patient's everyday experience.[2]

While this conclusion is not scientifically refutable at this time, it is interesting to note that his conclusion agrees with his bias, which antedates his conclusion. Perhaps counter-transference effects are again noticeable. On the other hand, psychologies based upon natural scientific methods have contributed little significant theory for the psychotherapist. Ford and Urban conclude that ". . .present psychological learning theory is grossly inadequate to account for complicated human behavior."[3]

Perhaps this attempt to validate psychotherapy by natural scientific methods is again an attempt to fit the psychoanalytic method into a context that is not 'congenial' to the type of truth it discovers. Philip Rieff remarked that Freud did not believe that his theories could be validated along the lines of the natural scientific method.

> Freud never made for psychoanalysis the fundamental claim of modern science: the power of prediction. Psychoanalysis, he maintained, is a retrospective science, never a predictive one. While 'the chain of causation can always be recognized with certainty if we follow the line of analysis. . .to predict it along

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[2] Ibid., pp. 135, 136.

[3] Donald H. Ford and Hugh B. Urban, Systems of Psychotherapy--A Comparative Study (New York: John Wiley and Sons, Inc., 1964), p. 668.

3 the line of synthesis is impossible.'[4]

Perhaps scientific verification, which is appropriate for the studies of part functions, is not an adequate method by which to measure central functions. Polanyi stated:

> Objectivism has totally falsified our conception of truth, by exalting what we can know and prove, while covering up with ambiguous utterances all that we know and *cannot* prove, even though the latter knowledge underlies, and must ultimately set its seal to, all that we can prove.[5]

Along with its startling new insights, psychoanalysis also helps persons realize the deep and emotional significance of old truths formerly understood superficially and intellectually. There is no satisfactory scientific way to measure this change in depth. Hughes, writing as a historian, remarked how after a long psychoanalysis, patients may be disappointed that they have no impressively original truths to announce. In this case the persons

> . . .forgot that what in the end looked like platitude at the start had been a great riddle. It appeared simple only because they had understood it--indeed its very simplicity was a sign that, for their standpoint, they had understood it correctly.[6]

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[4] Philip Rieff, *Freud: The Mind of the Moralist* (Garden City, New York: Doubleday and Company, Inc., 1961), p. 130.

[5] Michael Polanyi, *Personal Knowledge: Towards a Post Critical Philosophy* (New York: Harper Torchbooks, 1964), p. 286.

[6] H. Stuart Hughes, *History as Art and as Science* (New York: Harper and Row, 1964), p. 55.

APPENDIX B

FREUD'S INTEREST IN THE APPLICATION OF PSYCHOANALYSIS TO PASTORAL CARE

It is of interest to note Freud's own opinion as to the applicability of psychoanalytic therapy and insights to pastoral care and counseling. For Freud, inspite of his own atheistic convictions, not only believed that psychoanalysis could be fruitfully applied to pastoral care, but also the curriculum which he proposed for the training of the analyst resembled that of a liberal theological seminary much more closely than the curriculum used to train any other profession which currently practices some form of psychotherapy or counseling.

In a letter to Oskar Pfister, the Lutheran pastor who pioneered the application of psychoanalysis to pastoral care, Freud called himself, ". . .a secular pastoral worker."[1] He remarked to Pfister:

> In itself psychoanalysis is neither religious nor non-religious, but an impartial tool which both priest and layman can use in the service of the sufferer. I am very much struck by the fact that it never occurred to me how extraordinarily helpful the psychoanalytic method might be in pastoral work, but that is surely accounted for by

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[1] Heinrich Meng and Ernst L. Freud (eds.), Psychoanalysis and Faith: The Letters of Sigmund Freud and Oskar Pfister (New York: Basic Books, Inc., 1963), p. 10.

2 > the remoteness from me, as a wicked pagan, of the whole system of ideas.[2]

As psychoanalysis grew in popularity after the first World War, governmental agencies in various countries were faced with the task of setting standards regarding the practice of psychoanalysis. In response to this need, Freud wrote The Problem of Lay-Analyses (published in English in 1927), in which he made his own standards very clear:

> I strongly emphasize my demand that nobody should be permitted to practice psychoanalysis, unless he has obtained this privilege on the basis of thorough training. Whether such a person is a qualified physician or not does not seem important to me.[3]

Freud then prescribed the correct relationship between the medical doctor and the non-medical analyst such as a pastoral counselor:

> A physician should first diagnose each and every case where psychoanalysis seems applicable. During the course of treatment physical symptoms must also be investigated by a physician. But other than this the lay analyst can be as competent as the medical analyst.[4]

He pointed out that it would be to the benefit of physicians to have the aid of lay analysts.

> All interests would be served if physicians resolved to tolerate a class of therapeutists who will relieve

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[2] Ibid.

[3] Sigmund Freud, The Problem of Lay-Analyses, trans. A. Paul Maerker-Branden (New York: Brentano's, 1927), p. 150.

[4] Ibid., p. 170.

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> them of the arduous treatment of those tremendously frequent psychical neuroses, in addition benefitting the patients by remaining in constant contact with them.[5]

Freud was particularly concerned to prevent psychoanalysis from becoming a branch of medicine:

> We do not consider it advisable that psychoanalysis be swallowed up by medicine, finally to be shelved in a text book of psychiatry, under the chapter heading of therapy together with such other treatments as hypnotic suggestion, auto-suggestion, persuasion.[6]

Regarding training for psychoanalysis, Freud considered the medical school curriculum to be somewhat irrelevant:

> It seems unjust and impractical to force a person to take a round-about route via medical training, if this person be bent upon relieving another individual from the agonies of a phobia or a fixed idea.[7]

At one point in The Problem of Lay-Analyses he went further and suggested that medical training as currently practiced was a positive hindrance to psychoanalytic training.

> If medical training would only deny information to the student in the field of neurosis, this would be tolerable. But medical training is doing more. It implants into the young student an incorrect and harmful point of view. Physicians, whose interest for psychological facts has not been awakened, have naturally a tendency of making little of such facts, going even so far as to decry them as unscientific.[8]

Freud described his own curriculum for psychoanalytic training. It is striking to note how much closer this curriculum is to liberal seminary education than it is either to doctoral programs in clinical psychology, or to medical school curricula:

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[5] *Ibid.*, p. 180.

[6] *Ibid.*

[7] *Ibid.*, p. 178.

[8] *Ibid.*, p. 144.

> Psychoanalytical training would have to include a number of subjects which have no connection with medicine, and never enter the physician's practice, such as History of Civilization, Mythology, Psychology of Religion, and Literature. Without being well acquainted with these subjects, the analyst will be unable to grasp the problems that will face him in the course of his practice.[9]

Freud concluded this book by looking forward to a time when the insights of psychoanalysis will be more widely used than at present, ". . .when students of History, Psychology of Religion, and Etymology will avail themselves to the fullest extent of the assistance psychoanalysis will be able to render them."[10]

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[9] *Ibid.*, p. 177.

[10] *Ibid.*, p. 181.

John E. Biersdorf

Born: May 2, 1930

Education: B.A. Washington State University, June, 1952.
Political Science, Phi Beta Kappa

B.D. Pacific School of Religion, May, 1957.
summa cum laude

Specialized training in pastoral counseling, chaplaincy, sensitivity training.

Positions held:

Lieutenant, United States Marine Corps, 1952-54.
Assistant Minister, Orinda, California, 1957-58.
Pastor, Fairfax, California, 1958-62.
Chaplain and Research Fellow in Physical Rehabilitation, United States Department of Health, Education and Welfare, 1962-63.
Rockefeller Brothers Doctoral Fellow, 1963, 1964.
Acting Dean of Students, Union Theological Seminary, New York City, 1964-65.
Assistant Dean of Students, Union Theological Seminary, New York City, 1965-66.
Lecturer in Practical Theology, Union Theological Seminary, New York City, 1966-present.
Executive Directer, Department of Ministry, National Council of Churches of Christ, 1966-present.

Contributor to journals in pastoral counseling and theological education.

Married to the former Margot Peterson, June, 1959.
Three children, ages 7, 6, 1.